989/pt.1-3

FORMULARY

THERAPEUTIC DRUG LIST

PART I
THERAPEUTIC CLASSIFICATION LISTING

PART II
GENERIC NAME PRODUCT LISTING

PART III
TRADE NAME PRODUCT LISTING

READEX FICHE

best copy available

1989 EDITION

(Pocket Epitome)

VA MEDICAL CENTER
SEPULVEDA, CALIFORNIA

VA 1.73/6:

Reproduced from poor document.

FORMULARY

1985 EDITION

PART I
THERAPEUTIC CLASSIFICATION LISTING

PART II
GENERIC NAME INDEX

PART III
TRADE NAME INDEX

V A MEDICAL CENTER
SEPULVEDA CALIFORNIA 91343

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FORMULARY THERAPEUTIC DRUG LIST

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PHARMACY SERVICE (119)
HOURS OF OPERATION AND EXTENSIONS

SECTION	LOCATION	HOURS OF OPERATION	EXTENSION
CHIEF	Bldg 22, Room 113	8:00 - 5:30PM, M-F	2231
OUTPATIENT	Bldg 22, Room 113	9:00 - 6:00PM, M-F Closed Sat, Sun, & Hol	2304/2305
INPATIENT	Satellite Pharm. #3 Bldg 3, Room B-359	24 Hours per Day 7 Days per Week	2776/2876
	Satellite Pharm. #2 Bldg 2, Room B-107	9:00 - 5:30PM, M-F	2251
	Satellite Pharm. #4 Bldg 4, Room A-255	9:30 - 5:00PM, M-F	2835
	Satellite Pharm. #5 Bldg 5, Room B-137	9:30 - 5:00PM, M-F	2822
	Satellite Pharm. #82 (DDTC Clinic) Bldg 62, Room 118	Clinic Hours: 6:00 - 9:00AM, 12Noon - 1:00PM, 5:00 - 8:00PM, M-F	2431
	Satellite Pharm. #99 Bldg 99, Room G-02	6:00 - 5:30PM, M-F	2741
BUDGET/SUPPLY	Central Pharmacy Bldg 22, Room 113	8:00 - 4:30PM, M-F	2774
CONTROLLED SUBSTANCES	Bldg 22, Room 113	9:00 - 5:30PM, M-F	2774
RADIOPHARMACY	Bldg 3, Room A-269	7:30 - 4:00PM, M-F	2485
PHARMACOKINETICS	Bldg 22, Room 122	8:30 - 4:30PM, M-F	2792/2774 or page 046
DRUG INFORMATION	Bldg 22, Room 113	8:00 - 4:30PM, M-F	2792 or page 047
ONCOLOGY	Bldg 3, Room 6150	8:00 - 4:30PM, M-F	2582 or page 048

GUIDE TO THE USE OF THIS FORMULARY DRUG LIST

This Formulary (Pocket Epitome) is an annually revised listing of medications, supplies, and pharmaceutical products approved by the Pharmacy and Therapeutics Committee for use at this Medical Center.

This Formulary is divided into three sections:

Part I - THERAPEUTIC CLASSIFICATION INDEX

Drugs and supplies are listed by therapeutic classes as determined by the V.A. National Drug File. Drugs are listed within each classification by generic name.

Part II - GENERIC NAME INDEX

Drugs and supplies are listed by generic name (in capitalized letters) and common trade name (in parentheses). Information on dosage forms and strengths available from Pharmacy Service is provided.

Part III - TRADE NAME INDEX

Drugs and supplies are listed by common trade names with generic names in parentheses. For information regarding dosage forms and strengths available, refer to the generic name section.

FORMULARY SYSTEM

All medications given to patients at this Medical Center must be obtained through Pharmacy Service. Professional samples are not to be given to patients.

Restricted Drug Use Program (RDUP)

The Restricted Drug Use Program was established by the Pharmacy & Therapeutics Committee to control the use of certain drug items. All prescribers are urged to prescribe unrestricted items within the specific class of drugs whenever possible. However, if a restricted item is deemed necessary, authorization from the appropriate physician(s) is necessary.

Definition of Terms:

FR-1 - These items are on formulary but require authorization by the designated officials. Prescriptions (orders) are authorized for one fill - NO refills are allowed. Renewal of inpatient orders and outpatient prescriptions require a new authorization each time.

FR-2 - These items follow the same restrictions as above, but they may be refillable up to 5 refills. Renewal of outpatient prescriptions require a new authorization. Inpatient orders may be renewed with no further authorization for the duration of the current hospitalization. Exception: Antimicrobial authorizations must be acquired with each renewal.

FR-3 - These items must be authorized by the restricted officials but may be renewed at any time with no further authorization required.

FR-4 - These items are not restricted to a specific official or group but may NOT be refilled.

NFR-1, NFR-2, NFR-3, NFR-4 - These items follow the same restrictions as the FR-1 through FR-4 classifications, however, these items are not on formulary and are not kept in Pharmacy supply. The procurement of the non-formulary items must follow the specified steps (see section below, "Non Formulary Drugs") and may take up to 2 full working days to procure.

NFR-5 - These non-formulary items will NOT be obtained for use in this Medical Center.

SFS - Sunset Formulary Status - These items are no longer on formulary status at this Medical Center. However, those patients previously well-controlled on these items may continue therapy with no further re-authorizations required.

Non Formulary Drugs

Drugs not listed in this Formulary are non-formulary agents. If no formulary drug is found appropriate, a prescriber may request the use of a non-formulary drug by completing the following procedures:

a. Write a prescription (VA Form 10-2577d) or a Doctor's Order (VA Form 10A-60) for the medication.

b. Completely fill out and sign a Non Formulary Drug Request (VA Form 10-7144 overprint).

c. Obtain the countersignature of the appropriate staff physician.

d. Forward the request to the Chief, Pharmacy Service (119).

Justification for use of non-formulary agents must be based on certification that no formulary drug can be considered clinically equivalent or effective for the specific diagnosis.

Non-formulary drugs may take up to 48 hours to procure.

OUTPATIENT PHARMACY PROCEDURES

Prescription Requirements

1. The Outpatient Pharmacy uses a closed formulary system. Only those drugs reviewed and approved by the Pharmacy and Therapeutics Committee are available for use. These agents are listed in this therapeutic drug list.

2. Important Notice: All physicians must have a signature card and a DEA number on file in the Pharmacy Department. A physician should, on his/her first day at this Medical Center, sign in at the Central Pharmacy (Bldg 22, Room 113), be issued a DEA number (if necessary) for this facility, and he/she will be given a copy of this formulary.

3. Prescriptions are to be written on VA Form 10-2577d. Prescriptions must contain the patient's full name, social security number, and current address. Also, patient status is to be indicated by circling the appropriate box on the prescription form.

4. All outpatients sent to Pharmacy with prescriptions must have a routing slip (VA Form 10-2975).

5. By VA regulation, patients with incomplete prescriptions cannot have their prescriptions filled and will need to return to their physician for completion.

Major Causes of Prescription Deficiencies

1. Prescription is illegible.
2. Prescription lacks one or more of the following:
   a. Patient's full name
   b. Patient's full social security number (9 digits)
   c. Patient's current address
   d. Date that prescription is written
   e. Status (i.e.: OPT/NSC, Authorized Absence, etc)
   f. Strength of drug prescribed
   g. Quantity of drug
   h. Directions for use. These must be specific ("take as directed" is not acceptable).
   i. Incorrectly authorized refills (i.e.: Schedule II drugs)
   j. Prescriber's signature (Pharmacy must have a completed signature card on file before a prescriber's prescription may be filled).
   k. Prescriber's professional title (i.e.: MD, DDS)
   l. Prescriber's printed name or authentication number.
   m. Prescriber's DEA number (required for controlled substances).
3. Prescription form has more than one drug entered on it.
4. Prescription contains abbreviations not official or in common use.
5. Drug prescribed is not listed in the official Hospital Formulary and special arrangements have not been made with Pharmacy to procure and dispense said drug.

PRESCRIBING LIMITATIONS

1. When an Ambulatory Care patient is admitted as an inpatient to this Medical Center, all previous prescriptions issued are cancelled. These prescriptions must be rewritten prior to the patient's discharge.

2. When a new prescription is received at the Pharmacy, all of the previously authorized refills for that drug are cancelled.

3. "Pass" and "Discharge" prescriptions must be written at least 24 hours prior to a patient's anticipated discharge or pass.

4. Amounts of Drug Allowable for Each Status Category:

Patient Status	# of Days Supply	Refillable
Auth. Abs. -96 Hours (Pass)	4 Days Maximum	No
Auth. Abs. +96 Hours (LOA)	14 Days Maximum	No
Inpatient (Acute Care)	14 Days	No
Inpatient (Intermediate/ Long Term Care)	28 Days (Sch II & III - 72 Hours)	No
Outpatient - SC	30 Days	Yes
Outpatient - NSC	30 Days	Yes
Ambulatory Care	30 Days	Yes
Self Medication	7 Days	Yes
Employee	3 Days (Except UNCP)	No
MHB (Regular)	30 Days	No
NBC (Non-Bed Care)	30 Days	Yes
PBC (Pre-Bed Care)	30 Days	Yes (1 Refill Only)
Aid & Attendance/ Housebound	30 Days	Yes
CNH (Community Nursing Home)	30 Days	Yes
Other Fed. (Allied, Retiree)	30 Days	Yes
Controlled Antibiotics	7 Days	Yes

INPATIENT PHARMACY PROCEDURES

Prescription Requirements

1. The Inpatient Pharmacy uses a closed formulary system. Only drugs reviewed and approved by the Pharmacy and Therapeutics Committee are available for use. These agents are listed in this therapeutic drug list.

2. All chart orders will be written on a doctor's order sheet (VA Form 10A-50) using a Ball-Point Pen Only. Prescriptions must contain:

a. Patient identification, generic drug name, strength or concentration, dose, route of administration, and dosing schedule.

b. Date and Time the order is written.

c. Prescriber's signature and title following the order and the prescriber's name printed under the signature or authentication number.

3. Orders in patients' charts may not be altered nor may additions or deletions be made once they are written.

GENERAL PRESCRIBING INFORMATION

Definitions

1. Controlled Substance: Under the Controlled Substance Act of 1970, all former designations of Class A, B, C, and D narcotics and DACA drugs were eliminated. In lieu of these, five schedules are used to classify what are now designated as "Controlled Substances", in accordance with their potential for abuse.

Schedule I - Includes drugs with no current legitimate medical use in this country (i.e.: LSD, Heroin, etc.).

Schedule II - Includes the former "Class A" narcotics, amphetamines, cocaine, methylphenidate, secobarbital, amobarbital, pentobarbital, methaqualone and their salts.

Schedule III - Includes the former "Class B" narcotics, codeine, paregoric, certain products related to amphetamines, potent central nervous system depressants including the barbiturates (except the following: barbital, phenobarbital, methylphenobarbital).

Schedule IV - Includes the long acting barbiturates, meprobamate, diazepam, oxazepam, clorazepate, chloral hydrate, and other central nervous system depressants which have a lower potential for abuse than drugs in Schedule III. These were formerly classified "DACA" drugs.

Schedule V - Includes the former "Class E" except narcotics, except for paregoric (i.e.: certain codeine containing cough preparations).

2. Alcoholics: Ethyl alcohol, whiskey, wine, beer, or any preparation of ethyl alcohol fit for beverage use.

3. Narcotic or Narcotic Drugs: This refers to opioid or opioid-like drugs which have the potential for addiction (e.g. morphine).

4. Investigational Drugs: Drugs in clinical stages of evaluation and which have not been released by the FDA for general use and are not available for distribution through regular pharmaceutical channels. These drugs must be approved by the Human Studies Subcommittee and will be ordered for patients on VA prescription form 10-2577d or 10A-60 and accompanied with a copy of the patient's informed consent (VA Form 10-1086). These order forms must be signed by the responsible or designated physician investigator.

5. FDA Classification of Drug Efficacy:

Category 1 - Lacks substantial evidence of effectiveness for all indications. Includes drug products evaluated as a single active ingredient, as well as those in fixed combinations.

Category 2 - Possibly effective (Highest evaluation for any indication)

Category 3 - Probably effective (Highest evaluation for any indication)

Category 4 - Effective (For one or more indications)

It is the policy of the VA that funds will not be expended for the purchase of drugs classified by the FDA as "ineffective" (Category 1), and possibly effective" (Category 2) with the following exceptions:

a. VA funds may be expended to purchase "ineffective" and "possibly effective" drug products for investigational use in patients.

b. VA funds may be expended to purchase "possibly effective" drug products when no appropriate alternative means of drug therapy is available.

QUICK REFERENCE TABLES

Approximate Household Measurement Equivalents

1	Teaspoonful	=	4 - 5 ml
1	Dessertspoonful	=	8 - 10 ml
1	Tablespoonful	=	15 ml
2	Tablespoonfuls	=	30 ml
1	Teacupful	=	120 ml
1	Tumblerful	=	240 ml
1	Pint	=	480 ml
1	Quart	=	960 ml
1	Gallon	=	3840 ml

Metric Weight Measure

	1 Microgram	=	0.000,001 Gram
1	Milligram	= 0.001 Gram	= 1,000 Micrograms
	1 Gram	=	1,000 Milligrams
	1 Kilogram	=	1,000 Grams

Metric Liquid Measure

1	Microliter	=	0.000,001 Liter
1	Milliliter	=	.001 Liter
1	Liter	=	1,000 Milliliters

Apothecary/Avoirdupois to Metric Measurement Equivalents

1 Grain	=	60 mg
15.4 Grains	=	1 Gram
1 Ounce	=	30 Grams
1 Pound (16oz)	=	454 Grams
2.2 Pounds	=	1 Kilogram
1 Fluid Dram	=	4 - 5 ml
4 Fluid Drams	=	15 ml
1 Fluid Ounce	=	30 ml

MEASUREMENT UNIT ABBREVIATIONS

Term	Abbr	Term	Abbr
Milliliter	ml	Gram	Gm
Liter	L	Milligram	mg
Fluid Dram	fl dr	Microgram	mcg
Fluid Ounce	fl oz	Kilogram	Kg
Pint	pt	Grain	gr
Quart	qt	Ounce	oz
Teaspoonful	tsp	Pound	(brs)
Tablespoonful	tbs	Cubic Centimeter	cc

METRIC - APOTHECARY FRACTION EQUIVALENTS

1/100 gr	0.6mg
1/150 gr	0.4mg
1/200 gr	0.3mg
1/300 gr	0.2mg

CORTICOSTEROID PROPERTIES TABLE

Generic Drug Name	Glucocorticoid Potency (est)	Mineralocorticoid Potency (est)	Equiv Dose (mg)	T 1/2 in Hrs
Hydrocortisone	1	1	20	8-12
Cortisone	0.8	0.8	25	8-12
Prednisolone	4	0.25	5	12-36
Prednisone	4	0.25	5	12-36
Methylprednisolone	5		4	12-36
Triamcinolone	5		4	12-36+
Dexamethasone	25		0.75	36-54
Betamethasone	25-30		0.6	36-54
Mineralocorticoids				
Fludrocortisone	10	125	N/A	8-12

_ Sodium Retention Not Significant

- Sodium Excretion

CREATINE CLEARANCE DETERMINATION FORMULAS

Cockroft & Gault Method

$$CCR = \frac{\text{weight (in kilograms)} \times (140 - \text{age (in years)})}{(72) \times (\text{Serum Creatinine})}$$

Note: Use 85% of this value for female patients

Ref: Nephron 16:31, 1976

Lean Body Weight (LBW)- Devine Method (in kg):

Male: 50 kg + 2.3 kg for every inch of height over 5 feet.

Female: 45.5 kg + 2.3 kg for every inch of height over 5 feet.

PART I

THERAPEUTIC CLASSIFICATION LISTING

1980 EDITION

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
• • • ALCOHOL DETERRENTS (AD100) • • •	
DISULFIRAM 250MG TAB (Antabuse)	0.03
DISULFIRAM 250MG TAB U/D (Antabuse) •• INPATIENT USE ONLY	0.27
DISULFIRAM 500MG TAB (Antabuse)	0.05
DISULFIRAM 500MG TAB U/D (Antabuse) •• INPATIENT USE ONLY	0.58
• • • CYANIDE ANTIDOTES (AD200) • • •	
CYANIDE ANTIDOTE PACKAGE	70.78
• • • HEAVY METAL ANTAGONISTS (AD300) • • •	
DEFEROXAMINE 500MG AMP (Desferal)	4.01
DIMERCAPROL 100MG IN OIL/ML.3ML AMP (B.A.L.)	3.67
• • • EXCHANGE RESINS (AD400) • • •	
SODIUM POLYSTYRENE SULFON. 15GM/60ML BT (Kayexalate)	1.57
SODIUM POLYSTYRENE SULFON. 25% 500ML BT (Kayexalate)	21.42
• • • ANTIDOTES.OTHER (AD900) • • •	
ACTIVATED CHARCOAL 50GM/SORBITOL 240ML •• (FR-4) NO REFILLS	3.85
DIGOXIN IMMUNE FAB INJ 40MG VI (Digibind) •• RESTRICTED TO CARDIOLOGY (FR-1)	192.32
• • • ANTIHISTAMINES.PHENOTHIAZINE (AH100) • • •	
PROMETHAZINE 25MG/1ML INJ AMP (Phenergan)	0.49
TRIMEPRAZINE TARTRATE 2.5MG TAB U/D (Temaril) •• INPATIENT USE ONLY	0.33
TRIMEPRAZINE TARTRATE 2.5MG TAB (Temaril)	0.13
• • • ANTIHISTAMINES.ETHANOLAMINE (AH200) • • •	
DIPHENHYDRAMINE HCL 10MG/ML 10ML VIALS (Benadryl)	0.95

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
DIPHENHYDRAMINE HCL 12.5MG/5ML ELX 120ML (Benadryl)	0.95
DIPHENHYDRAMINE HCL 25MG CAP (Benadryl)	0.01
DIPHENHYDRAMINE HCL 25MG CAP U/D (Benadryl) ** INPATIENT USE ONLY	0.03
DIPHENHYDRAMINE HCL 25MG/10ML ELX 10ML (Benadryl)	0.15
DIPHENHYDRAMINE HCL 50MG CAP (Benadryl)	0.01
DIPHENHYDRAMINE HCL 50MG CAP U/D (Benadryl) ** INPATIENT USE ONLY	0.03
DIPHENHYDRAMINE HCL 50MG/1ML AMP (Benadryl)	0.25
* * * ANTIHISTAMINES.ALKYLAMINE (AH400) * * *	
CHLORPHENIRAMINE MAL 4MG TAB (Chlortrimeton)	0.01
CHLORPHENIRAMINE MAL 4MG TAB U/D (Chlortrimeton) ** INPATIENT USE ONLY	0.04
CHLORPHENIRAMINE MAL 8MG SR CAP U/D (Chlortrimeton) ** INPATIENT USE ONLY	0.14
CHLORPHENIRAMINE MAL 8MG SR CAP (Chlortrimeton)	0.02
* * * ANTIHISTAMINES.PIPERAZINE (AH300) * * *	
HYDROXYZINE HCL 10MG TAB (Atarax)	0.01
HYDROXYZINE HCL 10MG TAB U/D (Atarax) ** INPATIENT USE ONLY	0.03
HYDROXYZINE HCL 25MG TAB (Atarax)	0.07
HYDROXYZINE HCL 25MG TAB U/D (Atarax) ** INPATIENT USE ONLY	0.29
HYDROXYZINE HCL 50MG/ML INJ 10ML VIAL (Atarax)	0.67
HYDROXYZINE PAMOATE 50MG CAP (Vistaril)	0.20
HYDROXYZINE PAMOATE 50MG CAP U/D (Vistaril) ** INPATIENT USE ONLY	0.06
* * * ANTIHISTAMINES.OTHER (AH900) * * *	
CYPROHEPTADINE HCL 4MG TAB (Periactin)	0.03

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CYPROHEPTADINE HCL 4MG TAB U/D (Periactin) ** INPATIENT USE ONLY	0.04
* * * PENICILLIN-G RELATED (AM051) * * *	
PENICILLIN G BENZ. 1.2MU TUBEX (Bicillin L-A)	4.86
PENICILLIN G BENZ. 2.4MU TUBEX (Bicillin L-A)	9.74
PENICILLIN G BENZ. 300,000U/ML 10ML VIAL (Bicillin L-A)	8.89
PENICILLIN G BENZ. 600,000 U. TUBEX (Bicillin L-A)	2.81
PENICILLIN G POTAS. 20 MU VIAL	7.62
PENICILLIN G POTAS. 5 MU VIAL	2.24
PENICILLIN G PROCAINE 1.2MU TUBEX (Wycillin)	1.67
PENICILLIN G PROCAINE 2.4MU TUBEX (Wycillin)	3.85
PENICILLIN G PROCAINE 600,000U TUBEX (Wycillin)	0.98
PENICILLIN VK 250MG TAB (Ledercillin)	0.02
PENICILLIN VK 250MG TAB U/D (Ledercillin) ** INPATIENT USE ONLY	0.08
* * * AMINO DERIVATIVES (AM052) * * *	
AMOXICILLIN/CLAVULANATE 250MG TAB U/D (Augmentin) ** (FR-2) INFECTIOUS DISEASE APPROVAL REQUIRED	0.69
AMOXICILLIN/CLAVULANATE 500MG TAB U/D (Augmentin) ** (FR-2) INFECTIOUS DISEASE APPROVAL REQUIRED	1.10
AMOXICILLIN/CLAVULANATE 250MG TAB (Augmentin) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	0.49
AMOXICILLIN/CLAVULANATE 500MG TAB (Augmentin) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	0.79
AMPICILLIN 1GM INJ. PIGGYBACK	1.84
AMPICILLIN 1GM INJ. VIAL	0.60
AMPICILLIN 250MG CAP	0.05

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
AMPICILLIN 250MG CAP U/D ** INPATIENT USE ONLY	0.07
AMPICILLIN 2GM INJ. PIGGYBACK	2.35
AMPICILLIN 500MG CAP	0.08
AMPICILLIN 500MG CAP U/D ** INPATIENT USE ONLY	0.12
AMPICILLIN SUSP 250MG/5ML 100ML BTL	2.47
AMPICILLIN/SULBACTAM 1.5GM PB VIAL (Unasyn) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	5.99
AMPICILLIN/SULBACTAM 3GM PB VIAL (Unasyn) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	10.45
AMPICILLIN/SULBACTAM 1.5GM VIAL (Unasyn) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	4.50
* * * PENICILLINASE-RESISTANT (AM053) * * *	
DICLOXACILLIN 250MG CAP (Dynapen)	0.08
DICLOXACILLIN 250MG CAP U/D (Dynapen) ** INPATIENT USE ONLY	0.19
NAFCILLIN 1GM INJ. PIGGYBACK (Unipen)	1.75
NAFCILLIN 1GM INJ. VIAL (Unipen)	4.88
NAFCILLIN 2GM INJ. PIGGYBACK (Unipen)	3.00
* * * EXTENDED SPECTRUM (AM054) * * *	
CARBENICILLIN INDANYL 382MG TAB U/D (Geocillin) ** INPATIENT USE ONLY	0.58
CARBENICILLIN INDANYL 382MG TAB (Geocillin)	0.53
TICARCILLIN INJ. 3GM PIGGYBACK (Ticar)	5.75
TICARCILLIN INJ. 6GM VIAL (Ticar)	11.40
TICARCILLIN/CLAVULANIC 3.1GM PB VIAL (Timentin) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	9.00

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
TICARCILLIN/CLAVULANIC 3.1GM VIAL (Timentin) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	9.45
• • • CEPHALOSPORIN 1ST GENERATION (AM101) • • •	
CEFAZOLIN SOD 1GM INJ VIAL (Kefzol) (Ancef) ** RESTRICTED TO INFECTIOUS DIS AND OPHTHALMOLOGY (FR-2)	3.73
CEPHAPIRIN 1GM INJ. PIGGYBACK (Cefadyl)	1.30
CEPHAPIRIN 1GM INJ. VIAL (Cefadyl)	0.17
CEPHRADINE 250MG CAP (Velosef) (Anspor)	0.28
CEPHRADINE 250MG CAP U/D (Velosef) (Anspor) ** INPATIENT USE ONLY	0.32
CEPHRADINE 500MG CAP (Velosef) (Anspor)	0.38
CEPHRADINE 500MG CAP U/D (Velosef) (Anspor) ** INPATIENT USE ONLY	0.61
• • • CEPHALOSPORIN 2ND GENERATION (AM102) • • •	
CEFONICID INJ 1GM VI (Monocid) ** RESTRICTED TO EM STOCK AND INFECTIOUS DISEASE (FR-2)	10.00
CEFOTETAN INJ 1GM PIGGYBACK (Cefotan) ** RESTRICTED TO SURGERY AND ID (FR-1)	13.89
CEFOTETAN INJ 1GM VIAL (Cefotan) ** RESTRICTED TO SURGERY AND ID (FR-1)	8.84
CEFOXITIN 1GM PIGGYBACK (Mefoxin)	7.15
CEFOXITIN 2GM PIGGYBACK (Mefoxin)	13.65
CEFOXITIN 2GM VIAL (Mefoxin)	13.09
• • • CEPHALOSPORIN 3RD GENERATION (AM103) • • •	
CEFOTAXIME SODIUM 1 GM PB VIAL (Claforan)	7.80

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CEFOTAXIME SODIUM 1GM INJ VIAL (Claforan)	7.92
CEFOTAXIME SODIUM 2 GM PB VIAL (Claforan)	15.60
CEFOTAXIME SODIUM 2GM INJ VIAL (Claforan)	13.89
CEFTAZIDIME 1GM INJ VIAL (Fortaz) •• RESTRICTED TO ID, HEME-ONC, PULM (MICU) (FR-2)	13.30
CEFTAZIDIME 2GM INJ VIAL (Fortaz) •• RESTRICTED TO ID, HEME-ONC, PULM (MICU) (FR-2)	28.14
CEFTRIAXONE INJ 250MG VIAL (Rocephin) •• RESTRICTED TO E.R. (STOCK) OR INFECTIOUS DIS (FR-2)	9.70
• • • CHLORAMPHENICOL (AM150) • • •	
CHLORAMPHENICOL 1GM INJ. VIAL (Chloromycetin)	3.28
• • • ERYTHROMYCINS (AM200) • • •	
ERYTHROMYCIN BASE 250MG TAB	0.05
ERYTHROMYCIN BASE 250MG TAB U/D •• INPATIENT USE ONLY	0.07
ERYTHROMYCIN ETHYLSUCC SUSP 400MG/5ML (E.E.S.)	0.07
ERYTHROMYCIN LACTOBIONATE 1GM VIAL	1.74
ERYTHROMYCIN STEARATE 250MG TAB U/D •• INPATIENT USE ONLY	0.13
ERYTHROMYCIN STEARATE 250MG TAB	0.10
• • • TETRACYCLINES (AM250) • • •	
DOXYCYCLINE 100MG CAP (Vibramycin)	0.66
DOXYCYCLINE 100MG CAP U/D (Vibramycin)	0.13
DOXYCYCLINE HYCLATE INJ 100MG VIAL (Vibramycin)	1.88
TETRACYCLINE HCL 250MG CAP (Achromycin)	0.02
TETRACYCLINE HCL 250MG CAP U/D (Achromycin) •• INPATIENT USE ONLY	0.03

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
TETRACYCLINE INJ. 500MG VIAL	3.59
TETRACYCLINE SUSP 125MG/5ML LIQ 480ML (Achromycin)	11.13
• • • AMINOGLYCOSIDES (AM300) • • •	
AMIKACIN SULFATE INJ 1GM/4CC VIAL (Amikin)	31.09
GENTAMICIN INJ. 80MG/2ML. 20ML VIAL (Garamycin)	3.35
GENTAMICIN INJ. 80MG/2ML. 2ML VIAL (Garamycin)	0.22
GENTAMICIN OPTH SOLN 15MG/ML (FORTIFIED) •• OPHTHALMOLOGY APPROVAL REQUIRED--SPECIAL COMPOUNDING REQ'D	0.01
NEOMYCIN SULFATE 500MG INJ. VIAL (Mycifradin)	5.38
NEOMYCIN SULFATE 500MG TAB (Mycifradin)	0.09
NEOMYCIN SULFATE 500MG TAB U/D (Mycifradin) •• INPATIENT USE ONLY	0.11
STREPTOMYCIN 1GM/2.5ML VIAL	3.16
TOBRAMYCIN POWDER 1.2GM VIAL (Nebcin) •• RESTRICTED TO ORTHOPEDICS (FR-1)	81.90
• • • LINCOMYCINS (AM350) • • •	
CLINDAMYCIN 150MG CAP (Cleocin)	0.48
CLINDAMYCIN 150MG CAP U/D (Cleocin) •• INPATIENT USE ONLY	0.47
CLINDAMYCIN 900MG INJ VIAL (Cleocin)	7.60
• • • ANTITUBERCULARS (AM500) • • •	
ETHAMBUTOL HCL 100MG TAB (Myambutol)	0.15
ETHAMBUTOL HCL 100MG TAB U/D (Myambutol) •• INPATIENT USE ONLY	0.20
ETHAMBUTOL HCL 400MG TAB (Myambutol)	0.35
ETHAMBUTOL HCL 400MG TAB U/D (Myambutol) •• INPATIENT USE ONLY	0.31

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
ISONIAZID 300MG TAB	0.01
ISONIAZID 300MG TAB U/D ++ INPATIENT USE ONLY	0.02
PYRAZINAMIDE 500MG TAB	0.34
PYRAZINAMIDE 500MG TAB U/D ++ INPATIENT USE ONLY	0.39
RIFAMPIN 300MG CAP (Rifadin)	0.17
RIFAMPIN 300MG CAP U/D (Rifadin) ++ INPATIENT USE ONLY	0.20
• • • METHENAMINE SALTS (AM600) • • •	
METHENAMINE MANDELATE 1000MG TAB U/D (Mandelamine) ++ INPATIENT USE ONLY	0.16
METHENAMINE MANDELATE 1000MG TAB (Mandelamine)	0.08
METHENAMINE MANDELATE 1GM GRANULE PKG (Mandelamine)	0.33
• • • NITROFURANS (AM400) • • •	
NITROFURANTOIN 50MG MACRO-ITAL U/D (Macrodantin) ++ INPATIENT USE ONLY	0.29
NITROFURANTOIN 50MG MACRO-ITAL CAP (Macrodantin)	0.14
• • • SULFONAMIDE/RELATED (AM650) • • •	
TRIMETHOPRIM/SULFA 16MG/80MG/ML 20ML VI (Bactrim) (Septra) ++ RESTRICTED TO INFECTIOUS DISEASE (FN-2)	13.99
TRIMETHOPRIM/SULFA 40MG/200MG/5ML SUSP (Bactrim) (Septra)	0.02
TRIMETHOPRIM/SULFA 80MG/ 400MG TAB U/D (Bactrim) (Septra) ++ INPATIENT USE ONLY	0.11
TRIMETHOPRIM/SULFA 80MG/400MG TAB (Bactrim) (Septra)	0.03
• • • ANTIFUNGALS (AM700) • • •	
AMPHOTERICIN-B 50MG VIAL (Fungizone)	13.84

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DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CLOTRIMAZOLE 10MG TROCHE (Mycelex)	0.36
CLOTRIMAZOLE 10MG TROCHE U/D (Mycelex) ** INPATIENT USE ONLY	0.32
GRISEOFULVIN 250MG MICROSIZE TAB U/D (Grisactin) (Grifulvin) ** INPATIENT USE ONLY	0.21
GRISEOFULVIN 250MG MICROSIZE TAB (Grisactin) (Grifulvin)	0.32
GRISEOFULVIN 500MG MICROSIZE TAB (Grisactin) (Grifulvin)	0.21
KETOCONAZOLE 200MG TAB (Nizoral) ** RESTRICTED TO INFECTIOUS DIS AND DERMATOLOGY (FR-2)	0.66
KETOCONAZOLE 200MG TAB U/D (Nizoral) ** INPATIENT USE ONLY (ID AND DERM) (FR-2)	1.55
NYSTATIN ORAL SUSP 100,000U/ML 60ML BT (Mycostatin)	1.51
* * * ANTIVIRALS (AW800) * * *	
ACYCLOVIR 200MG CAP (Zovirax) ** RESTRICTED TO ID AND DERMATOLOGY (FR-2)	0.32
ACYCLOVIR 200MG CAP U/D (Zovirax) ** INPATIENT USE ONLY (ID OR DERMATOLOGY) (FR-2)	0.68
ACYCLOVIR 500MG INJ VIAL (Zovirax) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	24.59
AMANTADINE HCL 100MG CAP (Symmetrel)	0.21
AMANTADINE HCL 100MG CAP U/D (Symmetrel) ** INPATIENT USE ONLY	0.42
ZIDOVUDINE 100MG CAPSULE (Retrovir) ** RESTRICTED TO INFECTIOUS DISEASE (FR-1)	1.50
* * * ANTI-INFECTIVES-OTHER (AW900) * * *	
AZTREONAM INJ 1GM PIGGYBACK VIAL (Azactam) ** (FR-2) RESTRICTED TO INFECTIOUS DISEASE	10.00
AZTREONAM INJ 1GM VIAL (Azactam) ** (FR-2) RESTRICTED TO INFECTIOUS DISEASE	9.50

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
BACITRACIN INJ. 50,000U VIAL	6.54
CIPROFLOXACIN HCL 500MG TAB U/D (Cipro) •• (FR-2) INFECTIOUS DISEASE APPROVAL REQUIRED	1.69
CIPROFLOXACIN HCL 750MG TAB U/D (Cipro) •• (FR-2) INFECTIOUS DISEASE APPROVAL REQUIRED	2.95
CIPROFLOXACIN HCL 500MG TAB (Cipro) •• RESTRICTED TO INFECTIOUS DISEASE (FR-2)	1.63
CIPROFLOXACIN HCL 750MG TAB (Cipro) •• RESTRICTED TO INFECTIOUS DISEASE (FR-2)	3.15
IMIPENEM/CILASTATIN SODIUM 500MG VIAL (Primaxin) •• RESTRICTED TO INFECTIOUS DISEASE (FR-2)	18.69
METRONIDAZOLE 250MG TAB (Flagyl)	0.09
METRONIDAZOLE 250MG TAB U/D (Flagyl) •• INPATIENT USE ONLY	0.12
METRONIDAZOLE 500MG RTU PIGGYBACK (Flagyl)	2.68
NORFLOXACIN 400MG TAB (Noroxin) •• RESTRICTED TO INFECTIOUS DISEASE, SCI AND LTC (FR-2)	1.88
NORFLOXACIN 400MG TAB U/D (Noroxin) •• RESTRICTED TO INFECTIOUS DISEASE, SCI AND LTC (FR-2)	1.52
NOVOBIOCIN 250MG CAP (Albamycin)	0.93
NOVOBIOCIN 250MG CAP U/D (Albamycin) •• INPATIENT USE ONLY	0.98
PENTAMIDINE ISETHIONATE INJ (Pentam) •• (FR-2) RESTRICTED TO INFECTIOUS DISEASE	0.33
SPECTINOMYCIN INJ 2GM VIAL (Trobocin) •• RESTRICTED TO E.R. (STOCK) OR INFECTIOUS DIS (FR-2)	8.39
VANCOMYCIN INJ. 500MG VIAL (Vancocin)	14.83
• • • ALKYLATING AGENTS (AN100) • • •	
BUSULFAN 2MG TAB (Myleran)	0.45
BUSULFAN 2MG TAB U/D (Myleran) •• INPATIENT USE ONLY	0.56

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DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CHLORAMBUCIL 2MG TAB (Leukeran)	0.41
CHLORAMBUCIL 2MG TAB U/D (Leukeran) ** INPATIENT USE ONLY	0.33
CYCLOPHOSPHAMIDE 200MG INJ VIAL (Cytoxan)	4.53
CYCLOPHOSPHAMIDE 25MG TAB (Cytoxan)	0.81
CYCLOPHOSPHAMIDE 25MG TAB U/D (Cytoxan) ** INPATIENT USE ONLY	0.56
CYCLOPHOSPHAMIDE 500MG INJ VIAL (Cytoxan)	9.07
CYCLOPHOSPHAMIDE 50MG TAB (Cytoxan)	1.12
CYCLOPHOSPHAMIDE 50MG TAB U/D (Cytoxan) ** INPATIENT USE ONLY	0.93
LOMUSTINE 100MG CAP (Cee Nu) ** RESTRICTED TO HEMATOLOGY-ONCOLOGY (FR-1)	8.07
LOMUSTINE 100MG CAP U/D (Cee Nu) ** RESTRICTED TO HEME-ONC (FR-1)--INPATIENT USE ONLY	8.12
LOMUSTINE 10MG CAP (Cee Nu) ** RESTRICTED TO HEMATOLOGY-ONCOLOGY (FR-1)	1.41
LOMUSTINE 10MG CAP U/D (Cee Nu) ** RESTRICTED TO HEME-ONC (FR-1)--INPATIENT USE ONLY	1.46
LOMUSTINE 300MG PACK (Cee Nu) ** RESTRICTED TO HEMATOLOGY-ONCOLOGY (FR-1)	26.05
LOMUSTINE 40MG CAP (Cee Nu) ** RESTRICTED TO HEMATOLOGY-ONCOLOGY (FR-1)	3.88
LOMUSTINE 40MG CAP U/D (Cee Nu) ** RESTRICTED TO HEME-ONC (FR-1)--INPATIENT USE ONLY	3.93
MECHLORETHAMINE HCL 10MG INJ VIAL (Mustargen)	3.66
MELPHALAN 2MG TAB (Alkeran)	0.63
MELPHALAN 2MG TAB U/D (Alkeran) ** INPATIENT USE ONLY	0.68
TRIETHYLENETHIOPHOSPHORAMIDE 15MG INJ VI (Thiotepa)	15.36

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
URACIL MUSTARD 1MG CAP	0.13
URACIL MUSTARD 1MG CAP U/D •• INPATIENT USE ONLY	0.10
• • • ANTINEOPLASTIC ANTIBIOTICS (AN200) • • •	
BLEOMYCIN INJ. 15U VIAL (Blenoxane)	91.94
DACTINOMYCIN INJ. 0.5MG VIAL (Cosmegen)	3.85
DAUNORUBICIN INJ. 20MG VIAL (Cerubidine)	26.09
DOXORUBICIN INJ. 10MG VIAL (Adriamycin)	25.47
DOXORUBICIN INJ. 50MG VIAL (Adriamycin)	127.35
MITOMYCIN 20MG INJ. VIAL (Mutamycin)	305.39
MITOMYCIN 5MG INJ VIAL (Mutamycin)	55.03
MITOXANTRONE INJ 20MG VI (Novantrone)	363.42
PLICAMYCIN 2500MCG INJ VIAL (Mithracin)	32.40
• • • ANTIMETABOLITES (AN300) • • •	
CYTARABINE 100MG INJ W DIL VIAL (Cytosar U)	4.85
CYTARABINE 500MG INJ W DIL VIAL (Cytosar U)	21.38
FLUOROURACIL 500MG INJ. APP	0.72
FLUOROURACIL 500MG/10ML INJ VIAL	8.00
HYDROXYUREA 500MG CAP (Hydrea)	0.51
HYDROXYUREA 500MG CAP U/D (Hydrea) •• INPATIENT USE ONLY	0.53
METHOTREXATE 2.5MG TAB	0.60
METHOTREXATE 2.5MG TAB U/D •• INPATIENT USE ONLY	0.45
METHOTREXATE 2.5MG/ML. 2ML INJ. VIAL	8.64
• • • ANTINEOPLASTIC HORMONES (AN500) • • •	
TAMOXIFEN 10MG TAB U/D (Nolvadex) •• INPATIENT USE ONLY	0.65

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
TAMOXIFEN CITRATE 10MG TAB (Nolvadex)	0.63
• • • ANTINEOPLASTIC,OTHER (AN900) • • •	
ASPARAGINASE INJ. 10,000U VIAL (Elspar)	19.98
CISPLATIN 10MG INJ VIAL (Platinol)	18.65
CISPLATIN 50MG INJ VIAL (Platinol)	84.68
DACARBAZINE INJ. 100MG VIAL (D.T.I.C.)	5.69
DACARBAZINE INJ. 200MG VIAL (D.T.I.C.)	9.32
ETOPOSIDE 50MG CAPSULE (Vepesid)	18.45
ETOPOSIDE INJ. 100MG AMP (Vepesid)	41.69
ETOPOSIDE INJ. 50MG AMP (Vepesid)	31.50
METHOTREXATE 100MG INJ. VIAL, PF •• PF = PRESERVATIVE FREE	17.57
METHOTREXATE 200MG INJ. VIAL, PF •• PF = PRESERVATIVE FREE	35.29
PROCARBAZINE HCL 50MG CAP (Matulane)	0.28
PROCARBAZINE HCL 50MG CAP U/D (Matulane) •• INPATIENT USE ONLY	0.24
VINBLASTINE 10MG INJ. VIAL (Velban)	23.09
VINCRISTINE SULF 1MG INJ VIAL (Oncovin)	22.37
VINCRISTINE SULF 5MG INJ VIAL (Oncovin)	100.99
• • • ANTIMALARIALS (AP100) • • •	
CHLOROQUINE PHOSPHATE 250MG TAB (Aralen)	0.04
CHLOROQUINE PHOSPHATE 250MG TAB U/D (Aralen) •• INPATIENT USE ONLY	0.09
HYDROXYCHLOROQUINE SULF 200 MG TAB U/D (Plaquenil) •• INPATIENT USE ONLY	0.25
HYDROXYCHLOROQUINE SULF 200MG TAB (Plaquenil)	0.43

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DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PYRIMETHAMINE 25MG/SULFADOX 500MG TAB UD (Fansidar) •• (FR-2) RESTRICTED TO INF DIS--INPATIENT USE ONLY	1.60
PYRIMETHAMINE 25MG/SULFADOXINE 500MG TAB (Fansidar) •• (FR-2) RESTRICTED TO INFECTIOUS DISEASE	1.52
QUININE SULFATE 195MG CAP	0.16
QUININE SULFATE 195MG CAP U/D •• INPATIENT USE ONLY	0.16
QUININE SULFATE 300MG CAP	0.09
QUININE SULFATE 300MG CAP U/D •• INPATIENT USE ONLY	0.12
• • • PEDICULICIDES (AP300) • • •	
BENZYL BENZOATE 25% EMULSION 300ML BTL	5.00
BENZYL BENZOATE EMUL. 50%. 480ML BT	3.80
BENZYL BENZOATE EMULSION 10% 300ML BTL	5.00
LINDANE 1% CREAM. 60GM TU (Kwell)	1.06
LINDANE 1% LOTION (Kwell)	0.01
• • • ANTISEPTICS/DISINFECTANTS (AB000) • • •	
ISOPROPYL ALCOHOL 70%. 3840ML BTL	3.95
• • • SYMPATHOMIMETICS (ADRENERGICS) (AU100) • • •	
DOBUTAMINE INJ. 250MG/20ML VIAL (Dobutrex)	19.31
DOPAMINE INJ. 400MG/5ML SYRINGE (Intropin)	5.40
DOPAMINE INJ. 400MG/5ML VIAL (Intropin)	4.62
EPHEDRINE 50MG/ML INJ 1ML AMP	0.80
EPINEPHRINE INJ. 1:10.000. 10ML SYRINGE	1.63
EPINEPHRINE INJ. 1:1000. 1ML AMP	0.23
EPINEPHRINE INJ. 1:1000. 30ML VIAL	1.87

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DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
ISOPROTERENOL 1:5000 INJ 5ML AMP (Isuprel)	1.18
ISOPROTERENOL 1:5000 INJ 5ML SYRINGE (Isuprel)	5.63
LEVARTERENOL INJ. 1MG/ML, 4ML AMP (Levophed)	2.96
MEPHENTERMINE INJ. 30MG/ML, 10ML AMP (Wyamine)	7.72
METARAMINOL BIT 10MG/ML VIAL 10ML	4.00
METHOXAMINE 20MG/ML 1ML AMP (Vasoxyl)	4.52
PHENYLEPHRINE INJ 1% AMP 1ML (Neo Synephrine)	0.85
• • • SYMPATHOLYTICS (AU200) • • •	
PHENTOLAMINE MES. 5MG INJ. VIAL (Regitine)	8.30
• • • PARASYMPATHOMIMETICS (CHOLINERGIC) (AU300) • • •	
BETHANECHOL CHLORIDE 25 MG TAB U/D (Urocholine) ** INPATIENT USE ONLY	0.08
BETHANECHOL CHLORIDE 25MG TAB (Urocholine)	0.01
BETHANECHOL CHLORIDE 5MG TAB (Urocholine)	0.03
BETHANECHOL CHLORIDE 5MG TAB U/D (Urocholine) ** INPATIENT USE ONLY	0.05
BETHANECHOL CHLORIDE 5MG/1ML INJ AMP (Urocholine)	1.57
EDROPHONIUM 10MG/ML - 10ML VIAL (Tensilon)	7.57
METOCLOPRAMIDE HCL 10MG TAB (Reglan)	0.19
METOCLOPRAMIDE HCL 10MG TAB U/D (Reglan) ** INPATIENT USE ONLY	0.22
METOCLOPRAMIDE HCL 10MG/2ML INJ AMP (Reglan)	1.34
METOCLOPRAMIDE HCL 50MG/10ML INJ AMP (Reglan)	4.92
METOCLOPRAMIDE ORAL LIQUID 10MG U/D (Reglan) ** FOR INPATIENT USE ONLY	0.51
NEOSTIGMINE INJ. 1:1000, 10ML VIAL (Prostigmin)	1.85

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
NEOSTIGMINE INJ. 1:2000, 1ML AMP (Prostigmin)	0.49
NEOSTIGMINE INJ. 1:4000, 1ML AMP (Prostigmin)	0.40
PHYSOSTIGMINE INJ. 1MG/ML, 2ML AMP (Antilirium)	1.75
PYRIDOSTIGMINE BROMIDE 60MG TAB U/D (Mestinon) ** INPATIENT USE ONLY	0.18
PYRIDOSTIGMINE BROMIDE 60MG TABLETS (Mestinon)	0.13
PYRIDOSTIGMINE INJ. 5MG/ML, 2ML AMP (Regonol)	1.05
* * * PARASYMPATHOLYTICS (AU350) * * *	
ATROPINE INJ. 0.4MG/ML, 20ML VIAL	0.58
ATROPINE INJ. 1MG/10ML, SYRINGE	1.54
BENZTROPINE INJ. 1MG/ML, 2ML AMP (Cogentin)	2.27
BENZTROPINE MESYLATE 1MG TAB (Cogentin)	0.03
BENZTROPINE MESYLATE 1MG TAB U/D (Cogentin) ** INPATIENT USE ONLY	0.13
BENZTROPINE MESYLATE 2MG TAB (Cogentin)	0.08
BENZTROPINE MESYLATE 2MG TAB U/D (Cogentin) ** INPATIENT USE ONLY	0.11
BIPERIDEN 2MG TAB (Akineton)	0.08
BIPERIDEN 2MG TAB U/D (Akineton) ** INPATIENT USE ONLY	0.08
BIPERIDEN 5MG/ML, INJ 1ML AMP (Akineton)	1.66
GLYCOPYRROLATE INJ 200 MCG/ML, 1ML VIAL (Robinul)	0.45
GLYCOPYRROLATE INJ 200MCG/ML, 20ML VIAL (Robinul)	4.00
HYOSCYAMINE 0.15MG TAB (Cystospaz)	0.12
HYOSCYAMINE 0.15MG TAB U/D (Cystospaz) ** INPATIENT USE ONLY	0.14
OXYBUTYNIN 5MG TAB (Ditropan)	0.14

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
OXYBUTYNIN 5MG TAB U/D (Ditropan) ** INPATIENT USE ONLY	0.21
PROPANTHELINE BROMIDE 15MG TAB U/D (Probanthine) ** INPATIENT USE ONLY	0.05
PROPANTHELINE BROMIDE 15MG TAB (Probanthine)	0.01
SCOPOLAMINE INJ. 0.43MG/0.5ML AMP	0.72
* * * AUTONOMIC AGENTS,OTHER (AU900) * * *	
BROMOCRIPTINE MESYLATE 2.5 MG TAB U/D (Parlodel) ** INPATIENT USE ONLY	0.53
BROMOCRIPTINE MESYLATE 2.5MG TAB (Parlodel)	0.45
BROMOCRIPTINE MESYLATE 5 MG CAP U/D (Parlodel) ** INPATIENT USE ONLY	1.08
BROMOCRIPTINE MESYLATE 5MG CAP (Parlodel)	0.89
* * * ANTICOAGULANTS (BL100) * * *	
HEPARIN 100U/ML INJ 10ML/VIAL	0.43
HEPARIN SOD 10,000U/ML INJ VIAL 4ML	1.08
HEPARIN SOD 1000U/ML INJ VIAL 30ML	0.81
HEPARIN SOD. (BEEF) 1000U/ML 30ML VL	3.96
WARFARIN SODIUM 10MG TAB (Coumadin)	0.17
WARFARIN SODIUM 10MG TAB U/D (Coumadin) ** INPATIENT USE ONLY	0.17
WARFARIN SODIUM 2.5MG TAB (Coumadin)	0.12
WARFARIN SODIUM 2.5MG TAB U/D (Coumadin) ** INPATIENT USE ONLY	0.13
WARFARIN SODIUM 2MG TAB (Coumadin)	0.03
WARFARIN SOD'UM 2MG TAB U/D (Coumadin) ** INPATIENT USE ONLY	0.12
WARFARIN SODIUM 50MG INJ W DIL AMP (Coumadin)	5.71

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
WARFARIN SODIUM 5MG TAB (Coumadin)	0.04
WARFARIN SODIUM 5MG TAB U/D (Coumadin) •• INPATIENT USE ONLY	0.04
WARFARIN SODIUM 7.5MG TAB (Coumadin)	0.15
WARFARIN SODIUM 7.5MG TAB U/D (Coumadin) •• INPATIENT USE ONLY	0.14
• • • HEPARIN ANTAGONISTS (BL200) • • •	
PROTAMINE SULFATE 1% - 5ML AMP	2.74
• • • ANTIHEMORRHAGIC (BL300) • • •	
AMINOCAPROIC ACID 250MG/ML - 20ML VIAL (Amicar)	9.78
AMINOCAPROIC ACID 500MG TAB (Amicar)	0.39
AMINOCAPROIC ACID 500MG TAB U/D (Amicar) •• INPATIENT USE ONLY	0.41
THROMBIN TOPICAL 5000UNITS VIAL	7.72
• • • IRON/BLOOD FORMATION (BL400) • • •	
FERROUS SULFATE 300MG TAB U/D (Feosol) •• INPATIENT USE ONLY	0.02
FERROUS SULFATE 300MG TABLET	0.01
FERROUS SULFATE 300MG/5ML ELX - 5ML (Feosol) •• INPATIENT USE ONLY	0.16
FERROUS SULFATE 40 MG/ML ELX (Feosol)	0.01
IRON DEXTRAN 50MG/ML - 2ML AMP (Imferon)	5.85
• • • BLOOD DERIVATIVES (BL500) • • •	
ALBUMIN HUMAN SERUM 25% INJ 100ML	72.00
ALBUMIN HUMAN SERUM 25% INJ 50ML	36.00
PLASMA PROT FRACT, HUMAN 5% 250ML BT (Plasmanate)	144.72
PLASMA PROT FRACT, HUMAN 5% 500ML BT (Plasmanate)	73.60

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
• • • THROMBOLYTICS (BL400) • • •	
ALTEPLASE, RECOMBINANT INJ 50MG VIAL (Activase) •• RESTRICTED TO CARDIOLOGY (FR-13	1100.00
STREPTOKINASE 250,000 UNITS/VIAL (Streptase)	26.90
STREPTOKINASE 750,000UNITS/VIAL (Streptase)	50.30
• • • PLATELET AGGREGATION INHIBITORS (BL700) • • •	
DIPYRIDAMOLE 25MG TAB (Persantine)	0.01
DIPYRIDAMOLE 25MG TAB U/D (Persantine) •• INPATIENT USE ONLY	0.05
DIPYRIDAMOLE 75MG TAB (Persantine)	0.03
DIPYRIDAMOLE 75MG TAB U/D (Persantine' •• INPATIENT USE ONLY	0.05
• • • VOLUME EXPANDERS (BL800) • • •	
DEXTRAN 40 10%/DEXTROSE 5% 500ML BT (Rheo dextran)	14.17
DEXTRAN 40/NORMAL SALINE 10% 500ML BT (Rheomacrodex)	14.17
DEXTRAN 70/NORMAL SALINE 6%. 500ML BT (Macrodex)	19.75
HETASTARCH 6% IV. 500ML BT (Hespan)	39.50
• • • OPIOID ANALGESICS (CN101) • • •	
CODEINE PHOSPHATE INJ. 30MG/ML. 1ML AMP	0.42
CODEINE SULFATE 30MG TAB	0.10
CODEINE SULFATE 30MG TAB 25/PG U/D •• INPATIENT USE ONLY	3.43
CODEINE W/ ACETAMINOPHEN 30MG/300MG TAB (Tylenol #3)	0.04
CODEINE W/ACET 30MG/300MG TAB U/D 25/PG •• INPATIENT AND CLINIC USE ONLY	1.00
FENTANYL INJ. 0.05MG/ML. 2ML AMP (Sublimaze)	0.96
FENTANYL INJ. 0.05MG/ML. 5ML AMP (Sublimaze)	2.25

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
HYDROMORPHONE HCL 2MG TAB (Dilaudid)	0.16
HYDROMORPHONE HCL 2MG TAB 25/PG U/D (Dilaudid) ** INPATIENT USE ONLY	4.18
HYDROMORPHONE HCL 2MG/ML INJ 1ML (Dilaudid)	0.47
HYDROMORPHONE HCL 4MG TAB (Dilaudid)	0.27
HYDROMORPHONE HCL 4MG TAB 25/PG U/D (Dilaudid) ** INPATIENT USE ONLY	7.91
HYDROMORPHONE HCL 4MG/ML INJ 1ML (Dilaudid)	0.87
MEPERIDINE 100MG 1ML INJ VIAL (Demerol)	0.37
MEPERIDINE 25MG 1ML INJ VIAL (Demerol)	0.27
MEPERIDINE 50MG 1ML INJ VIAL (Demerol)	0.30
MEPERIDINE 50MG TAB (Demerol)	0.21
MEPERIDINE 50MG TAB 25/PG U/D (Demerol) ** INPATIENT USE ONLY	2.52
MEPERIDINE 75MG 1ML INJ VIAL (Demerol)	0.34
METHADONE 10MG/ML INJ. 20ML VIAL (Dolophine)	5.19
METHADONE 1MG/ML SOL. 500ML BTL. (Dolophine)	12.25
METHADONE 5MG TAB (Dolophine)	0.04
METHADONE 5MG TAB U/D (Dolophine) ** INPATIENT USE ONLY	0.08
MORPHINE INJ PREFER. FREE 10MG/10ML/AMP	10.00
MORPHINE INJ. 10MG 1ML VIAL	0.42
MORPHINE INJ. 15MG 1ML VIAL	0.45
MORPHINE INJ. 15MG/ML. 30ML VIAL	6.38
MORPHINE INJ. 8MG 1ML VIAL	0.41
MORPHINE INJ. PREFER. FREE 5MG/10ML/AMP	0.70

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
MORPHINE SOL. 20MG/ML. 120ML BTL	33.83
MORPHINE SOL. 20MG/ML. 30ML BTL	9.00
MORPHINE SOL. 2MG/ML. 100ML BTL	4.50
MORPHINE SOL. 2MG/ML. 500ML BTL	17.34
MORPHINE SULF 30MG SR TAB U/D MG CONTIN (M.S. Contin) ** INPATIENT USE ONLY (HEMATOLOGY-ONCOLOGY) [FR-3]	0.50
MORPHINE SULF. 30MG SR TAB (MG CONTIN) (M.S. Contin) ** RESTRICTED TO HEMATOLOGY-ONCOLOGY [FR-3]	0.44
OXYCODONE/ACETAM 5MG/ 500MG CAP (Tylox)	0.01
OXYCODONE/ACETAM 5MG/500MG CAP U/D 25/PB (Tylox) ** INPATIENT USE ONLY	2.85
PROPOXYPHENE NAP 50MG/5ML SUSP 473ML (Darvon N) ** [FR-4]	11.48
PROPOXYPHENE NAPSYLATE 100MG TAB U/D (Darvon N) ** [FR-4]	0.09
PROPOXYPHENE NAPSYLATE 100MG TAB (Darvon N) ** [FR-4]	0.07
• • • OPIOID ANTAGONISTS (CN102) • • •	
NALBUPHINE INJ. 10MG/ML. 1ML AMP (Nubain)	1.36
NALOXONE HCL 0.4MG/ML INJ AMP 1ML (Narcan)	3.00
NALTREXONE 50MG TAB (Trexan) ** RESTRICTED TO PSYCH AND SDTC [FR-1]	1.62
NALTREXONE 50MG TAB U/D (Trexan) ** [FR-1] PSYCHIATRY OR SDTC APPROVAL REQUIRED	1.64
• • • NON-OPIOID ANALGESICS (CN103) • • •	
ACETAMINOPHEN 325MG TAB (Tylenol) ** [FR-4] NO REFILLS	0.01
ACETAMINOPHEN 325MG TAB U/D (Tylenol) ** INPATIENT USE ONLY	0.01

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
ACETAMINOPHEN 650MG SUPP (Tylenol) •• (FR-4) NO REFILLS	0.30
ACETAMINOPHEN ELIXIR 325MG/10ML U/D (Tylenol)	0.15
BUTALBITAL/CAFFEINE/ASA 325 MG TAB U/D (Fiorinal) •• INPATIENT USE ONLY	0.14
BUTALBITAL/CAFFEINE/ASA 325MG TAB (Fiorinal)	0.13
• • • NON-STEROIDAL ANTI-INFLAMMATORY (CN104) • • •	
IBUPROFEN 600MG TAB (Motrin)	0.03
IBUPROFEN 600MG TAB U/D (Motrin) •• INPATIENT USE ONLY	0.07
IBUPROFEN 800MG TAB (Motrin)	0.04
IBUPROFEN 800MG TAB U/D (Motrin) •• INPATIENT USE ONLY	0.24
INDOMETHACIN 25MG CAP (Indocin) •• (FR-4). (FR-2) RESTRICTED TO RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.02
INDOMETHACIN 25MG CAP U/D (Indocin) •• INPATIENT USE (FR-4). (FR-2) RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.24
INDOMETHACIN 50MG CAP (Indocin) •• (FR-4). (FR-2) RESTRICTED TO RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.02
INDOMETHACIN 50MG CAP U/D (Indocin) •• INPATIENT USE (FR-4). (FR-2) RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.36
NAPROXEN 250MG TAB (Naprosyn) •• (FR-4). (FR-2) RESTRICTED TO RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.26
NAPROXEN 250MG TAB U/D (Naprosyn) •• (FR-4) INPATIENT USE ONLY	0.28
NAPROXEN 375MG TAB (Naprosyn) •• (FR-4). (FR-2) RESTRICTED TO RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.31
NAPROXEN 375MG TAB U/D (Naprosyn) •• (FR-4) INPATIENT USE ONLY	0.36
SULINDAC 150MG TAB (Clinoril) •• (FR-4). (FR-2) RESTRICTED TO RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.36

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
SULINDAC 150MG TAB U/D (Clinoril) ** [FR-4] INPATIENT USE ONLY	0.42
SULINDAC 200MG TAB (Clinoril) ** [FR-4]. [FR-2] RESTRICTED TO RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.52
SULINDAC 200MG TAB U/D (Clinoril) ** [FR-4] INPATIENT USE ONLY	0.55
TOLMETIN 200MG TAB (Tolectin) ** [FR-4]. [FR-2] RESTRICTED TO RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.09
TOLMETIN 200MG TAB U/D (Tolectin) ** [FR-4] INPATIENT USE ONLY	0.11
TOLMETIN 400MG DB CAP (Tolectin D.S.) ** [FR-4]. [FR-2] RESTRICTED TO RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.14
TOLMETIN 400MG DB CAP U/D (Tolectin D.S.) ** [FR-4] INPATIENT USE ONLY	0.45
• • • ANTIMIGRAINE AGENTS (CN105) • • •	
ERGOTAMINE TARTRATE 1 MG/CAFF. TAB U/D (Cafergot) ** INPATIENT USE ONLY	0.27
ERGOTAMINE TARTRATE 1MG/CAFF TAB (Cafergot)	0.27
ERGOTAMINE TARTRATE 2MG/CAFF. SUPP (Cafergot)	0.96
METHYSERGIDE MALEATE 2MG TAB (Sansert)	0.25
METHYSERGIDE MALEATE 2MG TAB U/D (Sansert) ** INPATIENT USE ONLY	0.27
• • • GASEOUS (CN201) • • •	
ENFLURANE INH. 125ML BT (Ethrane)	44.00
ENFLURANE INH. 250ML BT (Ethrane)	76.00
HALOTHANE INH. 125ML BT (Fluothane)	5.05
HALOTHANE INH. 250ML BT (Fluothane)	26.76
ISOFLURANE 100ML BT (Forane)	53.00
• • • BARBITURIC ACID DERIVATIVES (CN202) • • •	
THIAMYLAL 5GM INJ. VIAL (Surital)	9.46

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
THIOPENTAL 2.5% INJ. KIT (Pentothal)	15.80
• • • GENERAL ANESTHETICS.OTHER (CN203) • • •	
KETAMINE 10MG/ML INJ., 50ML VIAL (Ketalar)	3.95
KETAMINE 50MG/ML INJ., 10ML VIAL (Ketalar)	4.74
• • • LOCAL ANESTHETICS.INJECTION (CN204) • • •	
BUPIVACAINE 0.5% 30ML VIAL (Marcaine) (Sensorcaine)	2.28
BUPIVACAINE 0.5%/EPI 1:200,000 30ML VI (Marcaine) (Sensorcaine)	2.25
BUPIVACAINE 0.75%, 30ML VIAL (Marcaine) (Sensorcaine)	4.70
BUPIVACAINE 0.75%-DEX 8.25% 2ML AMP (Marcaine Spinal)	2.30
LIDOCAINE 4% INJ 5ML SYR/CANNULA (Duo Trach) ++ LARYNGO-TRACHEAL USE	2.70
LIDOCAINE HCL 0.5% 50ML MD VIAL (Xylocaine) ++ MULTI DOSE VIAL, OR ONLY	0.62
LIDOCAINE HCL 0.5%, 50ML VIAL (Xylocaine) ++ SINGLE USE VIAL	0.62
LIDOCAINE HCL 0.5%/EPI 1:200,000 50ML VI (Xylocaine Epinephrine)	1.43
LIDOCAINE HCL 1% 30ML AMP (Xylocaine)	3.20
LIDOCAINE HCL 1% 30ML SINGLE DOSE VIAL (Xylocaine)	2.30
LIDOCAINE HCL 1%, 20ML MD VIAL (Xylocaine) ++ MULTIPLE DOSE VIAL	0.35
LIDOCAINE HCL 1%/EPI 1:100,000, 20ML VI (Xylocaine)	1.08
LIDOCAINE HCL 1%/EPI 1:100,000, 30ML VI (Xylocaine Epinephrine)	0.90
LIDOCAINE HCL 1.5%, 20ML AMP (Xylocaine)	3.15
LIDOCAINE HCL 1.5%/EPI 1:200,000 30ML VI (Xylocaine Epinephrine)	1.53
LIDOCAINE HCL 2%, 10ML AMP (Xylocaine)	2.97

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
LIDOCAINE HCL 2%, 50ML MD VIAL (Xylocaine) •• MULTIPLE DOSE VIAL	0.48
LIDOCAINE HCL 2%/EPI 1:100,000 20ML VI (Xylocaine Epinephrine)	0.95
LIDOCAINE HCL 2%/EPI 1:200,000 20ML VI (Xylocaine Epinephrine)	9.57
LIDOCAINE HCL 2%/EPI 1:200,000-20ML AMP (Xylocaine Epinephrine)	5.29
MEPIVACAINE 2%, 30ML MD VIAL (Carbocaine) •• MULTIPLE DOSE VIAL	4.83
PROCAINE 1%, 2ML AMP (Novocain)	0.86
TETRACAINE 1%, 2ML AMP (Pontocaine)	1.49
• • • ANESTHETIC ADJUNCTS (CN205) • • •	
DROPERIDOL INJ. 2.5MG/ML, 2ML AMP (Inapsine)	2.10
DROPERIDOL INJ. 2.5MG/ML, 5ML AMP (Inapsine)	3.41
• • • BARBITURIC ACID DERIVATIVES (CN301) • • •	
MEPHOBARBITAL 32MG TAB (Mebaral)	0.06
MEPHOBARBITAL 32MG TAB U/D (Mebaral) •• INPATIENT USE ONLY	0.11
METHOHEXITAL 500MG-50ML VIAL (Brevital) •• RESTRICTED TO OR AND CCU STOCK [STOCK]	3.11
PENTOBARBITAL 50MG/ML INJ. 50ML VIAL (Nembutal)	4.78
PHENOBARBITAL 100MG TAB U/D (Lumina) •• INPATIENT USE ONLY	0.04
PHENOBARBITAL 120MG INJ VIAL (Lumina)	1.34
PHENOBARBITAL 15MG TAB (Lumina)	0.01
PHENOBARBITAL 15MG TAB U/D (Lumina) •• INPATIENT USE ONLY	0.03
PHENOBARBITAL 20MG/ 5ML ELIXIR (Lumina)	0.01
PHENOBARBITAL 20MG/5ML ELIXIR, 5ML U/D (Lumina)	0.16

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PHENOBARBITAL 30MG TAB (Luminal)	0.01
PHENOBARBITAL 30MG TAB U/D (Luminal) •• INPATIENT USE ONLY	0.03
PHENOBARBITAL 60MG TAB U/D (Luminal) •• INPATIENT USE ONLY	0.04
• • • BENZODIAZEPINE DERIVATIVES (CN302) • • •	
ALPRAZOLAM 0.5MG TAB (Xanax) •• RESTRICTED TO PSYCHIATRY (FR-2)	0.14
ALPRAZOLAM 0.5MG TAB U/D (Xanax) •• (FR-2) INPATIENT USE ONLY--RESTRICTED TO PSYCHIATRY	0.19
ALPRAZOLAM 1MG TAB (Xanax) •• RESTRICTED TO PSYCHIATRY (FR-2)	0.24
ALPRAZOLAM 1MG TAB U/D (Xanax) •• (FR-2) INPATIENT USE ONLY--RESTRICTED TO PSYCHIATRY	0.33
CHLORDIAZEPOXIDE HCL 10MG CAP U/D (Librium) •• (FR-1) INPATIENT USE ONLY--NO APPROVAL REQUIRED	0.02
CHLORDIAZEPOXIDE HCL 10MG CAP (Librium) •• RESTRICTED TO PSYCHIATRY OR INPATIENT USE (FR-1)	0.01
CHLORDIAZEPOXIDE HCL 25MG CAP (Librium) •• RESTRICTED TO PSYCHIATRY OR INPATIENT USE (FR-1)	0.01
CLORAZEPATE DIPOTASSIUM 15 MG TAB U/D (Tranxene) •• (FR-2) INPATIENT USE ONLY--NO APPROVAL REQUIRED	0.52
CLORAZEPATE DIPOTASSIUM 15MG TAB (Tranxene) •• RESTRICTED TO PSYCH. NEURO. SCI. OR INPATIENT USE (FR-2)	0.56
CLORAZEPATE DIPOTASSIUM 3.75 MG TAB U/D (Tranxene) •• (FR-2) INPATIENT USE ONLY--NO APPROVAL REQUIRED	0.34
CLORAZEPATE DIPOTASSIUM 3.75MG TAB (Tranxene) •• RESTRICTED TO PSYCH. NEURO. SCI. OR INPATIENT USE (FR-2)	0.30
CLORAZEPATE DIPOTASSIUM 7.5 MG TAB U/D (Tranxene) •• (FR-2) INPATIENT USE ONLY--NO APPROVAL REQUIRED	0.42
CLORAZEPATE DIPOTASSIUM 7.5MG TAB (Tranxene) •• RESTRICTED TO PSYCH. NEURO. SCI. OR INPATIENT USE (FR-2)	0.38

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
DIAZEPAM 10MG SYRINGE (Valium)	3.38
DIAZEPAM 10MG TAB (Valium) ** [FR-4]-NO REFILLS! [FR-2] RESTRICTED TO PSYCH, NEURO, SCI	0.02
DIAZEPAM 10MG TAB U/D (Valium) ** INPATIENT USE ONLY [FR-4], [FR-2] PSYCH, NEURO, SCI	0.78
DIAZEPAM 2MG TAB (Valium) ** [FR-4]-NO REFILLS! [FR-2] RESTRICTED TO PSYCH, NEURO, SCI	0.02
DIAZEPAM 2MG TAB U/D (Valium) ** INPATIENT USE ONLY [FR-4], [FR-2] PSYCH, NEURO, SCI	0.10
DIAZEPAM 5MG TAB (Valium) ** [FR-4]-NO REFILLS! [FR-2] RESTRICTED TO PSYCH, NEURO, SCI	0.01
DIAZEPAM 5MG TAB U/D (Valium) ** INPATIENT USE ONLY [FR-4], [FR-2] PSYCH, NEURO, SCI	0.13
DIAZEPAM 5MG/ML AMP 2ML (Valium)	1.61
DIAZEPAM 5MG/ML INJ 10ML VIAL (Valium)	9.50
LORAZEPAM 1MG TAB (Ativan) ** [FR-1] RESTRICTED TO PSYCH, HEME-ONC, ID OR INPATIENT USE	0.25
LORAZEPAM 1MG TAB U/D (Ativan) ** [FR-1] INPATIENT USE ONLY--NO APPROVAL REQUIRED	0.05
LORAZEPAM 2MG TAB (Ativan) ** [FR-1] RESTRICTED TO PSYCH, HEME-ONC, ID OR INPATIENT USE	0.22
LORAZEPAM 2MG TAB U/D (Ativan) ** [FR-1] INPATIENT USE ONLY--NO APPROVAL REQUIRED	0.24
LORAZEPAM 2MG/ML INJ TUBEX 1ML (Ativan)	1.76
LORAZEPAM 4MG/ML INJ TUBEX 1ML (Ativan)	2.12
MIDAZOLAM 5MG/ML 10ML VI (Versed) ** RESTRICTED TO OR AND DENTAL STOCK (STOCK)	18.58
DIAZEPAM 10MG CAP (Serax) ** [FR-4]-NO REFILLS! [FR-2] RESTRICTED TO PSYCH, NEURO, SCI	0.14
DIAZEPAM 10MG CAP U/D (Serax) ** INPATIENT USE ONLY [FR-4], [FR-2] PSYCH, NEURO, SCI	0.16

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
OXAZEPAM 15MG CAP (Serax) ** (FR-4)-NO REFILLS! (FR-2) RESTRICTED TO PSYCH. NEURO. SCI	0.19
OXAZEPAM 15MG CAP U/D (Serax) ** INPATIENT USE ONLY (FR-4). (FR-2) PSYCH. NEURO. SCI	0.20
OXAZEPAM 30MG CAP (Serax) ** (FR-4)-NO REFILLS! (FR-2) RESTRICTED TO PSYCH. NEURO. SCI	0.28
OXAZEPAM 30MG CAP U/D (Serax) ** INPATIENT USE ONLY (FR-4). (FR-2) PSYCH. NEURO. SCI	0.32
TRIAZOLAM 0.125MG TAB (Halcion) ** (FR-4)-NO REFILLS	0.09
TRIAZOLAM 0.125MG TAB U/D (Halcion) ** INPATIENT USE ONLY (FR-4)	0.12
TRIAZOLAM 0.25MG TAB (Halcion) ** (FR-4)-NO REFILLS	0.10
TRIAZOLAM 0.25MG TAB U/D (Halcion) ** INPATIENT USE ONLY (FR-4)	0.10
* * * SEDATIVES/HYPNOTICS.OTHER (CN303) * * *	
CHLORAL HYDRATE 250MG CAP (Noctec)	0.04
CHLORAL HYDRATE 250MG CAP U/D	0.04
CHLORAL HYDRATE 500MG CAP (Noctec)	0.0
CHLORAL HYDRATE 500MG CAP U/D (Noctec) ** INPATIENT USE ONLY	0.1
CHLORAL HYDRATE 500MG/10ML SYRUP U/D (Noctec) ** INPATIENT USE ONLY	0.3
CHLORAL HYDRATE 500MG/5ML SYRUP (Noctec)	0.5
* * * ANTICONVULSANTS (CN400) * * *	0.
CARBAMAZEPINE 200MG TAB (Tegretol)	0.
CARBAMAZEPINE 200MG TAB U/D (Tegretol) ** INPATIENT USE ONLY	0.
CLONAZEPAM 0.5MG TAB (Klonopin)	

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CLONAZEPAM 0.5MG TAB U/D (Klonopin) ** INPATIENT USE ONLY	0.23
CLONAZEPAM 1MG TAB (Klonopin)	0.13
CLONAZEPAM 1MG TAB U/D (Klonopin) ** INPATIENT USE ONLY	0.14
DIVALPROEX SODIUM 250MG TAB (Depakote)	0.23
DIVALPROEX SODIUM 250MG TAB U/D (Depakote) ** INPATIENT USE ONLY	0.26
ETHOTOIN 500MG TAB (Peganone)	0.18
ETHOTOIN 500MG TAB U/D (Peganone) ** INPATIENT USE ONLY	0.23
PHENYTOIN 100MG EXTENDED CAP (Dilantin)	0.01
PHENYTOIN 100MG EXTENDED CAP U/D (Dilantin) ** INPATIENT USE ONLY	0.03
PHENYTOIN 100MG/2ML SYRINGE (Dilantin)	1.05
PHENYTOIN 125MG/5ML SUSP 5ML U/D (Dilantin) ** INPATIENT USE ONLY	0.29
PHENYTOIN 125MG/5ML SUSPENSION (Dilantin)	0.01
PHENYTOIN 250MG/5ML SYRINGE (Dilantin)	1.23
PHENYTOIN 30MG EXTENDED CAP (Dilantin)	0.07
PHENYTOIN 30MG EXTENDED CAP U/D (Dilantin)	0.10
PRIMIDONE 250MG TAB (Mysoline)	0.11
PRIMIDONE 250MG TAB U/D (Mysoline) ** INPATIENT USE ONLY	0.16
PRIMIDONE 50MG TAB (Mysoline)	0.05
PRIMIDONE 50MG TAB U/D (Mysoline) ** INPATIENT USE ONLY	0.10
* * * ANTIPARKINSON AGENTS (CN500) * * *	
CARBIDOPA/LEVODOPA 10MG/100 MG TAB (Sinemet)	0.09

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CARBIDOPA/LEVODOPA 10MG/100MG TAB U/D (Sinemet) ** INPATIENT USE ONLY	0.33
CARBIDOPA/LEVODOPA 25MG/100 MG TAB (Sinemet)	0.31
CARBIDOPA/LEVODOPA 25MG/100MG TAB U/D (Sinemet) ** INPATIENT USE ONLY	0.34
CARBIDOPA/LEVODOPA 25MG/250 MG TAB (Sinemet)	0.17
CARBIDOPA/LEVODOPA 25MG/250MG TAB U/D (Sinemet) ** INPATIENT USE ONLY	0.34
* * * ANTIVERTIGO AGENTS (CN950) * * *	
MECLIZINE HCL 13.5MG TAB (Antivert) ** [PR-4] NO REFILLS	0.11
MECLIZINE HCL 12.5MG TAB U/D (Antivert) ** INPATIENT USE ONLY	0.11
* * * TRICYCLIC (CN601) * * *	
AMITRIPTYLINE HCL 100MG TAB (Elavil) (Endep)	0.50
AMITRIPTYLINE HCL 100MG TAB U/D (Elavil) (Endep) ** INPATIENT USE ONLY	0.29
AMITRIPTYLINE HCL 10MG TAB (Elavil) (Endep)	0.20
AMITRIPTYLINE HCL 25MG TAB (Elavil) (Endep)	0.01
AMITRIPTYLINE HCL 25MG TAB U/D (Elavil) (Endep) ** INPATIENT USE ONLY	0.12
AMITRIPTYLINE HCL 50MG TAB (Elavil) (Endep)	0.02
AMITRIPTYLINE HCL 50MG TAB U/D (Elavil) (Endep) ** INPATIENT USE ONLY	0.19
DESIPRAMINE HCL 25MG TAB (Norpramin) (Pertofrane)	0.07

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DESIPRAMINE HCL 25MG TAB U/D (Pertofrane) (Norpramin) ** INPATIENT USE ONLY	0.16
DESIPRAMINE HCL 50MG TAB (Norpramin) (Pertofrane)	0.06
DESIPRAMINE HCL 50MG TAB U/D (Pertofrane) (Norpramin) ** INPATIENT USE ONLY	0.30
DOXEPIN HCL 25MG CAP (Sinequan)	0.03
DOXEPIN HCL 25MG CAP U/D (Sinequan) ** INPATIENT USE ONLY	0.15
DOXEPIN HCL 50MG CAP (Sinequan)	0.06
DOXEPIN HCL 50MG CAP U/D (Sinequan) ** INPATIENT USE ONLY	0.21
IMIPRAMINE HCL 10MG TAB (Tofranil)	0.01
IMIPRAMINE HCL 10MG TAB U/D (Tofranil) ** INPATIENT USE ONLY	0.04
IMIPRAMINE HCL 25MG TAB (Tofranil)	0.01
IMIPRAMINE HCL 25MG TAB U/D (Tofranil) ** INPATIENT USE ONLY	0.03
IMIPRAMINE HCL 50MG TAB (Tofranil)	0.01
IMIPRAMINE HCL 50MG TAB U/D (Tofranil) ** INPATIENT USE ONLY	0.05
IMIPRAMINE PAMOATE 150MG CAP (Tofranil P.M.)	0.32
IMIPRAMINE PAMOATE 150MG CAP U/D (Tofranil P.M.) ** INPATIENT USE ONLY	0.37
IMIPRAMINE PAMOATE 75MG CAP (Tofranil P.M.)	0.19
IMIPRAMINE PAMOATE 75MG CAP U/D (Tofranil P.M.) ** INPATIENT USE ONLY	0.24
NORTRIPTYLINE HCL 10MG CAP (Aventyl) (Pamelor)	0.11

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
NORTRIPTYLINE HCL 10MG CAP U/D (Pamelor) (Aventyl) ** INPATIENT USE ONLY	0.09
NORTRIPTYLINE HCL 25MG CAP (Aventyl) (Pamelor)	0.18
NORTRIPTYLINE HCL 25MG CAP U/D (Pamelor) (Aventyl) ** INPATIENT USE ONLY	0.30
PROTRIPTYLINE HCL 10MG TAB (Vivactil)	0.18
PROTRIPTYLINE HCL 10MG TAB U/D (Vivactil) ** INPATIENT USE ONLY	0.30
PROTRIPTYLINE HCL 5MG TAB (Vivactil)	0.16
PROTRIPTYLINE HCL 5MG TAB U/D (Vivactil) ** INPATIENT USE ONLY	0.15
* * * MONAMINE OXIDASE INHIBITORS (CN602) * * *	
PHENELZINE SULF 15MG TAB (Nardil) ** RESTRICTED TO PSYCHIATRY SERVICE (FR-2)	0.10
PHENELZINE SULF 15MG TAB U/D (Nardil) ** INPATIENT USE ONLY (PSYCHIATRY) (FR-2)	0.11
TRANYLCYPROMINE SULF 10 MG TAB U/D (Parnate) ** INPATIENT USE ONLY (PSYCHIATRY) (FR-2)	0.16
TRANYLCYPROMINE SULF 10MG TAB (Parnate) ** RESTRICTED TO PSYCHIATRY SERVICE (FR-2)	0.12
* * * ANTIDEPRESSANTS-OTHER (CN603) * * *	
FLUOXETINE HCL 20MG CAP (Prozac) ** (FR-2) RESTRICTED TO PSYCHIATRY SERVICE	1.10
FLUOXETINE HCL 20MG CAP U/D (Prozac) ** (FR-2) RESTRICTED TO PSYCHIATRY--INPATIENT USE ONLY	1.15
TRAZODONE HCL 100MG TAB (Desyrel)	0.29
TRAZODONE HCL 100MG TAB U/D (Desyrel) ** INPATIENT USE ONLY	0.30

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
TRAZODONE HCL 50MG TAB (Desyrel)	0.17
TRAZODONE HCL 50MG TAB U/D (Desyrel) ** INPATIENT USE ONLY	0.23
* * * PHENOTHIAZINE/RELATED (CN701) * * *	
CHLORPROMAZINE 100MG SUPP (Thorazine)	0.84
CHLORPROMAZINE 100MG TAB (Thorazine)	0.02
CHLORPROMAZINE 100MG TAB U/D (Thorazine) ** INPATIENT USE ONLY	0.08
CHLORPROMAZINE 100MG/ML SOLN 240ML BTL (Thorazine)	4.55
CHLORPROMAZINE 200MG TAB (Thorazine)	0.08
CHLORPROMAZINE 200MG TAB U/D (Thorazine) ** INPATIENT USE ONLY	0.07
CHLORPROMAZINE 25MG TAB (Thorazine)	0.01
CHLORPROMAZINE 25MG TAB U/D (Thorazine) ** INPATIENT USE ONLY	0.08
CHLORPROMAZINE 25MG/ML INJ 2ML AMP (Thorazine)	1.32
CHLORPROMAZINE 50MG TAB (Thorazine)	0.01
CHLORPROMAZINE 50MG TAB U/D (Thorazine) ** INPATIENT USE ONLY	0.15
FLUPHENAZINE DEC INJ. 25MG/ML, 1ML BYR (Prolixin Decanoate)	8.37
FLUPHENAZINE DEC INJ. 25MG/ML, 5ML VIAL (Prolixin Decanoate)	31.96
FLUPHENAZINE HCL 10MG TAB (Prolixin) (Permitil)	0.55
FLUPHENAZINE HCL 10MG TAB U/D (Prolixin) (Permitil) ** INPATIENT USE ONLY	0.80
FLUPHENAZINE HCL 1MG TAB (Prolixin) (Permitil)	0.24
FLUPHENAZINE HCL 1MG TAB U/D (Prolixin) (Permitil) ** INPATIENT USE ONLY	0.34

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
FLUPHENAZINE HCL 2.5MG TAB (Prolixin) (Permitil)	0.07
FLUPHENAZINE HCL 2.5MG TAB U/D (Prolixin) (Permitil) ** INPATIENT USE ONLY	0.31
FLUPHENAZINE HCL 2.5MG/ML INJ 10ML VIAL (Prolixin)	18.50
FLUPHENAZINE HCL 5MG TAB (Prolixin) (Permitil)	0.13
FLUPHENAZINE HCL 5MG TAB U/D (Prolixin) (Permitil) ** INPATIENT USE ONLY	0.44
FLUPHENAZINE HCL 5MG/ML SOL. 120ML BTL (Prolixin) (Permitil)	27.80
MESORIDAZINE BES. SOL 25MG/ML 120ML BTL (Serentil)	9.01
MESORIDAZINE BESYLATE 100MG TAB U/D (Serentil) ** INPATIENT USE ONLY	0.17
MESORIDAZINE BESYLATE 100MG TAB (Serentil)	0.10
MESORIDAZINE BESYLATE 10MG TAB U/D (Serentil) ** INPATIENT USE ONLY	0.15
MESORIDAZINE BESYLATE 10MG TAB (Serentil)	0.12
MESORIDAZINE BESYLATE 25MG TAB (Serentil)	0.13
MESORIDAZINE BESYLATE 25MG TAB U/D (Serentil) ** INPATIENT USE ONLY	0.13
MESORIDAZINE BESYLATE 25MG/1ML INJ AMP (Serentil)	0.95
MESORIDAZINE BESYLATE 50MG TAB U/D (Serentil) ** INPATIENT USE ONLY	0.14
MESORIDAZINE BESYLATE 50MG TAB (Serentil)	0.15
PROMAZINE HCL 50MG/ML INJ VI 10ML (Sparine)	1.50
THIORIDAZINE HCL 15MG TAB (Mellaril)	0.18
THIORIDAZINE HCL 15MG TAB U/D (Mellaril) ** INPATIENT USE ONLY	0.19

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
THIOTHIXENE 1MG CAP (Navane)	0.13
THIOTHIXENE 1MG CAP U/D (Navane) ** INPATIENT USE ONLY	0.14
THIOTHIXENE 20MG CAP (Navane)	0.41
THIOTHIXENE 20MG CAP U/D (Navane) ** INPATIENT USE ONLY	0.47
THIOTHIXENE 5MG CAP (Navane)	0.21
THIOTHIXENE 5MG CAP U/D (Navane) ** INPATIENT USE ONLY	0.32
THIOTHIXENE 5MG/ML CONC 120ML (Navane)	24.26
THIOTHIXENE 5MG/ML INJ., 2ML VIAL (Navane)	1.14
THIOTHIXENE 5MG/ML ORAL SOLN. 30ML BT (Navane)	7.92
TRIFLUOPERAZINE 10MG TAB (Stelazine)	0.04
TRIFLUOPERAZINE 10MG TAB U/D (Stelazine) ** INPATIENT USE ONLY	0.14
TRIFLUOPERAZINE 10MG/ML SOLN. 60ML BT (Stelazine)	23.89
TRIFLUOPERAZINE 2MG TAB (Stelazine)	0.03
TRIFLUOPERAZINE 2MG TAB U/D (Stelazine) ** INPATIENT USE ONLY	0.21
TRIFLUOPERAZINE 2MG/ML INJ.,10ML VIAL (Stelazine)	10.97
TRIFLUOPERAZINE 5MG TAB (Stelazine)	0.03
TRIFLUOPERAZINE 5MG TAB U/D (Stelazine) ** INPATIENT USE ONLY	0.12
* * * ANTIPSYCHOTICS,OTHER (CN702) * * *	
HALOPERIDOL 0.5MG TAB (Haldol)	0.07
HALOPERIDOL 0.5MG TAB U/D (Haldol) ** INPATIENT USE ONLY	0.10
HALOPERIDOL 1MG TAB (Haldol)	0.23

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
HALOPERIDOL 10MG TAB U/D (Haldol) •• INPATIENT USE ONLY	0.29
HALOPERIDOL 1MG TAB (Haldol)	0.01
HALOPERIDOL 1MG TAB U/D (Haldol) •• INPATIENT USE ONLY	0.10
HALOPERIDOL 20MG TAB (Haldol)	0.45
HALOPERIDOL 20MG TAB U/D (Haldol) •• INPATIENT USE ONLY	0.75
HALOPERIDOL 2MG TAB (Haldol)	0.01
HALOPERIDOL 2MG TAB U/D (Haldol) •• INPATIENT USE ONLY	0.14
HALOPERIDOL 2MG/ML CONC 120ML BT (Haldol)	6.36
HALOPERIDOL 2MG/ML CONC 240ML BT (Haldol)	6.75
HALOPERIDOL 2MG/ML SOL. 15ML BTL (Haldol)	4.09
HALOPERIDOL 5MG TAB (Haldol)	0.01
HALOPERIDOL 5MG TAB U/D (Haldol) •• INPATIENT USE ONLY	0.20
HALOPERIDOL 5MG/ML INJ. 1ML AMP (Haldol)	0.89
HALOPERIDOL 5MG/ML INJ. 1ML SYRINGE (Haldol)	2.10
HALOPERIDOL DECANOATE 50MG INJ 5ML VIAL (Haldol Decanoate) •• RESTRICTED PSYCHIATRY SERVICE (FR-1) NO REFILLS	13.00
HALOPERIDOL DECANOATE 50MG/1ML AMP (Haldol Decanoate) •• RESTRICTED TO PSYCHIATRY SERVICE (FR-1) NO REFILLS	11.27
LOXAPINE 10MG CAP (Loxitane)	0.15
LOXAPINE 10MG CAP U/D (Loxitane)	0.15
LOXAPINE 25MG CAP (Loxitane)	0.08
LOXAPINE 25MG CAP U/D (Loxitane)	0.08

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
LOXAPINE 25MG/ML SOL. 120ML BTL (Loxitane)	17.80
LOXAPINE 50MG CAP (Loxitane)	0.13
LOXAPINE 50MG CAP U/D (Loxitane)	0.34
LOXAPINE 50MG/ML INJ AMP 1ML (Loxitane)	2.36
• • • LITHIUM SALTS (CN750) • • •	
LITHIUM CARB. 300MG SR TAB (LITHOBID) (Lithobid) •• SUSTAINED RELEASE TABLET	0.03
LITHIUM CARB. 300MG SR TAB U/D (Lithobid) •• INPATIENT USE ONLY	0.04
LITHIUM CARBONATE 300MG CAPSULE U/D (Lithonate) •• INPATIENT USE ONLY	0.03
LITHIUM CARBONATE 300MG CAPSULE (Lithonate) (Eskalith)	0.02
LITHIUM CITRATE SYRUP 300MG/5ML (Citralith)	0.01
• • • AMPHETAMINES (CN801) • • •	
DEXTROAMPHETAMINE SULFATE 5MG TAB (Dexedrine) •• SCHEDULE II	0.03
• • • AMPHETAMINE LIKE STIMULANTS (CN802) • • •	
METHYLPHENIDATE HCL 10MG TAB (Ritalin) •• SCHEDULE II	0.19
METHYLPHENIDATE HCL 5MG TAB (Ritalin) •• SCHEDULE II	0.11
• • • CNS MEDICATIONS.OTHER (CN900) • • •	
BUSPIRONE 10MG TAB (Buspar) •• RESTRICTED TO PSYCHIATRY SERVICE (FR-1)	0.60
BUSPIRONE 10MG TAB U/D (Buspar) •• INPATIENT USE ONLY--RESTRICTED TO PSYCH (FR-1)	0.65
BUSPIRONE 5MG TAB (Buspar) •• RESTRICTED TO PSYCHIATRY SERVICE (FR-1)	0.20

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
BUSPIRONE 5MG TAB U/D (Buspar) •• INPATIENT USE ONLY--RESTRICTED TO PSYCH [PR-1]	0.33
• • • DIGITALIS GLYCOSIDES (CV050) • • •	
DIGOXIN 0.05MG CAP (Lanoxicap)	0.03
DIGOXIN 0.05MG CAP U/D (Lanoxicap) •• INPATIENT USE ONLY	0.05
DIGOXIN 0.05MG/ML ELIXIR 60ML (Lanoxin)	2.76
DIGOXIN 0.1MG CAP (Lanoxicap)	0.02
DIGOXIN 0.1MG CAP U/D (Lanoxicap) •• INPATIENT USE ONLY	0.02
DIGOXIN 0.25MG/ML INJ AMP 2ML (Lanoxin)	0.45
DIGOXIN 0.2MG CAP (Lanoxicap)	0.02
DIGOXIN 0.2MG CAP U/D (Lanoxicap) •• INPATIENT USE ONLY	0.02
• • • BETA BLOCKERS/RELATED (CV100) • • •	
ATENOLOL 100MG TAB (Tenormin)	0.36
ATENOLOL 100MG TAB U/D (Tenormin) •• INPATIENT USE ONLY	0.63
ATENOLOL 50MG TAB (Tenormin)	0.24
ATENOLOL 50MG TAB U/D (Tenormin) •• INPATIENT USE ONLY	0.33
ESMOLOL HCL INJ 0.25MG/ML, 10ML AMP (Brevibloc) •• RESTRICTED TO OR AND CCU (STOCK)	18.50
LABETALOL HCL INJ 100MG 20ML AMP (Normodyne) (Trandate) •• RESTRICTED TO STOCK 'N OR, ER, AND ICU'S (STOCK)	13.20
METOPROLOL TARTRATE 100MG TAB (Lopressor)	0.17
METOPROLOL TARTRATE 100MG U/D TAB (Lopressor)	0.40
METOPROLOL TARTRATE 50MG TAB (Lopressor)	0.09

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
METOPROLOL TARTRATE 50MG U/D TAB (Lopressor)	0.23
METOPROLOL TARTRATE 5MG INJ (Lopressor) ** RESTRICTED TO CCU (STOCK)	1.32
PROPRANOLOL HCL 10MG TAB (Inderal)	0.04
PROPRANOLOL HCL 10MG TAB U/D (Inderal) ** INPATIENT USE ONLY	0.07
PROPRANOLOL HCL 1MG/ML INJ AMP 1ML (Inderal)	0.91
PROPRANOLOL HCL 20MG TAB (Inderal)	0.01
PROPRANOLOL HCL 20MG TAB U/D (Inderal) ** INPATIENT USE ONLY	0.06
PROPRANOLOL HCL 40MG TAB (Inderal)	0.02
PROPRANOLOL HCL 40MG TAB U/D (Inderal) ** INPATIENT USE ONLY	0.08
PROPRANOLOL HCL 80MG TAB (Inderal)	0.10
PROPRANOLOL HCL 80MG TAB U/D (Inderal) ** INPATIENT USE ONLY	0.22
TIMOLOL MALEATE 10MG TAB (Blocadren) ** RESTRICTED TO CARDIOLOGY AND HTN (FR-3)	0.21
TIMOLOL MALEATE 10MG TAB U/D (Blocadren) ** INPATIENT USE ONLY (CARDIOLOGY AND HTN) (FR-3)	0.13
* * * ALPHA BLOCKERS/RELATED (CV150) * * *	
CLONIDINE HCL 0.1MG TAB (Catapres)	0.04
CLONIDINE HCL 0.1MG TAB U/D (Catapres) ** INPATIENT USE ONLY	0.15
CLONIDINE HCL 0.2MG TAB (Catapres)	0.06
CLONIDINE HCL 0.2MG TAB U/D (Catapres) ** INPATIENT USE ONLY	0.23
CLONIDINE HCL 0.3MG TAB (Catapres)	0.10
CLONIDINE HCL 0.3MG TAB U/D (Catapres) ** INPATIENT USE ONLY	0.34

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CLONIDINE TRANSDERMAL PATCH 1 (Catapres TTS-1)	3.90
CLONIDINE TRANSDERMAL PATCH 2 (Catapres TTS-2)	5.05
CLONIDINE TRANSDERMAL PATCH 3 (Catapres TTS-3)	6.07
PRAZOSIN 1MG CAP (Minipress)	0.12
PRAZOSIN 1MG CAP U/D (Minipress) •• INPATIENT USE ONLY	0.12
PRAZOSIN 2MG CAP (Minipress)	0.17
PRAZOSIN 2MG CAP U/D (Minipress) •• INPATIENT USE ONLY	0.18
PRAZOSIN 5MG CAP (Minipress)	0.29
PRAZOSIN 5MG CAP U/D (Minipress) •• INPATIENT USE ONLY	0.30
TERAZOSIN HCL 1MG TAB (Hytrin)	0.47
TERAZOSIN HCL 1MG TAB U/D (Hytrin) •• INPATIENT USE ONLY	0.64
TERAZOSIN HCL 2MG TAB (Hytrin)	0.47
TERAZOSIN HCL 2MG TAB U/D (Hytrin) •• INPATIENT USE ONLY	0.64
TERAZOSIN HCL 5MG TAB (Hytrin)	0.47
TERAZOSIN HCL 5MG TAB U/D (Hytrin) •• INPATIENT USE ONLY	0.64
• • • CALCIUM CHANNEL BLOCKERS (CV200) • • •	
DILTIAZEM HCL 120MG TAB (Cardizem)	0.64
DILTIAZEM HCL 120MG TAB U/D (Cardizem)	0.71
DILTIAZEM HCL 30MG TAB (Cardizem)	0.17
DILTIAZEM HCL 30MG TAB U/D (Cardizem) •• INPATIENT USE ONLY	0.19
DILTIAZEM HCL 60MG TAB (Cardizem)	0.28

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
DILTIAZEM HCL 60MG TAB U/D (Cardizem) ** INPATIENT USE ONLY	0.31
DILTIAZEM HCL 90MG TAB (Cardizem)	0.49
DILTIAZEM HCL 90MG TAB U/D (Cardizem)	0.55
NIFEDIPINE 10MG CAP (Procardia) (Adalat)	0.19
NIFEDIPINE 10MG CAP U/D (Procardia) (Adalat) ** INPATIENT USE ONLY	0.21
NIFEDIPINE 20MG CAP (Procardia) (Adalat)	0.33
NIFEDIPINE 20MG CAP U/D (Procardia) (Adalat)	0.38
VERAPAMIL HCL 120MG TAB (Isoptin) (Calan)	0.06
VERAPAMIL HCL 120MG TAB U/D (Calan) (Isoptin) ** INPATIENT USE ONLY	0.07
VERAPAMIL HCL 240MG SR CAPLET (Calan S.R.)	0.59
VERAPAMIL HCL 5MG/2ML VIAL (Calan) (Isoptin)	2.60
VERAPAMIL HCL 80MG TAB (Isoptin) (Calan)	0.05
VERAPAMIL HCL 80MG TAB U/D (Calan) (Isoptin) ** INPATIENT USE ONLY	0.06
* * * ANTIANGINAL-OTHER (CV250) * * *	
AMYL NITRITE VAPOROLE 0.3ML	1.79
ISOSORBIDE DINITRATE 10MG CHEW TAB U/D (Isordil) (Sorbitrate) ** INPATIENT USE ONLY	0.13
ISOSORBIDE DINITRATE 10MG CHEW TAB (Isordil) (Sorbitrate)	0.11

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
ISOSORBIDE DINITRATE 20MG TAB (Isordil) (Sorbitrate)	0.02
ISOSORBIDE DINITRATE 20MG U/D TAB (Isordil) (Sorbitrate) ** INPATIENT USE ONLY	0.03
ISOSORBIDE DINITRATE 40MG SA TAB U/D (Sorbitrate) (Isordil) ** INPATIENT USE ONLY	0.12
ISOSORBIDE DINITRATE 40MG SA TAB (Isordil) (Sorbitrate)	0.03
ISOSORBIDE DINITRATE 5MG CHEW TAB U/D (Sorbitrate) (Isordil) ** INPATIENT USE ONLY	0.02
ISOSORBIDE DINITRATE 5MG SL TAB U/D (Isordil) (Sorbitrate) ** INPATIENT USE ONLY	0.06
ISOSORBIDE DINITRATE 5MG CHEW TAB (Isordil) (Sorbitrate)	0.01
ISOSORBIDE DINITRATE 5MG SL TAB (Isordil) (Sorbitrate)	0.09
NITROGLYCERIN 0.3MG SL TAB. 25 TABS/BT (Nitrostat) ** DO NOT CHEW. BREAK. OR CRUSH	0.83
NITROGLYCERIN 0.4MG SL TAB. 25 TABS/BT (Nitrostat) ** DO NOT CHEW. BREAK. OR CRUSH	0.62
NITROGLYCERIN 0.6MG SL TAB. 25 TABS/BT (Nitrostat) ** DO NOT CHEW. BREAK. OR CRUSH	0.83
NITROGLYCERIN 5MG/ML INJ.. 5ML AMP (Tridil)	3.50
NITROGLYCERIN AEROSOL 0.4MG/DOSE 13.8GM (Nitrolingual) ** (FR-4)-NO REFILLS	5.20
NITROGLYCERIN OINT 2%. 60GM TUBE (Nitrol)	1.60
NITROGLYCERIN PATCH 10MG/24HR (Transderm Nitro) (Nitro Disc)	0.19
NITROGLYCERIN PATCH 15MG/24HR (Transderm Nitro) (Nitro Disc)	0.15

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
NITROGLYCERIN PATCH 2.5MG/24HR (Transderm Nitro) (Nitro Disc)	0.15
NITROGLYCERIN PATCH 5MG/24HR (Transderm Nitro) (Nitro Disc)	0.13
NITROGLYCERIN PATCH 7.5MG/24HR (Transderm Nitro) (Nitro Disc)	0.09
* * * ANTIARRHYTHMICS-OTHER (CV300) * * *	
AMIODARONE 200MG TAB (Cordarone) ** RESTRICTED TO CARDIOLOGY (FR-2)	1.12
AMIODARONE 200MG TAB U/D (Cordarone) ** INPATIENT USE ONLY (CARDIOLOGY) (FR-2)	1.15
BRETYLIUM TOSYLATE 50MG/ML AMP 10ML (Bretylol)	17.00
DISOPYRAMIDE PHOSPHATE 100 MG CAP U/D (Norpace) ** INPATIENT USE ONLY	0.17
DISOPYRAMIDE PHOSPHATE 100MG CAP (Norpace)	0.15
DISOPYRAMIDE PHOSPHATE 150 MG CAP U/D (Norpace) ** INPATIENT USE ONLY	0.19
DISOPYRAMIDE PHOSPHATE 150MG CAP (Norpace)	0.16
ENCAINIDE 25MG CAP (Enkaid) ** RESTRICTED TO CARDIOLOGY (FR-2)	0.37
ENCAINIDE 25MG CAP U/D (Enkaid) ** (FR-2) RESTRICTED TO CARDIOLOGY--INPATIENT USE ONLY	0.41
ENCAINIDE 35MG CAP (Enkaid) ** RESTRICTED TO CARDIOLOGY (FR-2)	0.34
ENCAINIDE 35MG CAP U/D (Enkaid) ** (FR-2) RESTRICTED TO CARDIOLOGY--INPATIENT USE ONLY	0.34
ENCAINIDE 50MG CAP (Enkaid) ** RESTRICTED TO CARDIOLOGY (FR-2)	0.72
ENCAINIDE 50MG CAP U/D (Enkaid) ** (FR-2) RESTRICTED TO CARDIOLOGY--INPATIENT USE ONLY	0.71
FLECAINIDE 100MG TAB (Tambocor) ** (FR-2) RESTRICTED TO CARDIOLOGY	0.90

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
FLECAINIDE 100MG TAB U/D (Tambocor) •• (FR-2) RESTRICTED TO CARDIOLOGY--INPATIENT USE ONLY	0.98
LIDOCAINE HCL 2% IV INJ 5GM 5ML (Xylocaine) •• CRASH CART USE ONLY	0.93
LIDOCAINE HCL 20% INJ 10ML BVR (Xylocaine) •• FOR CARDIAC ARRHYTHMIA	4.08
MEXILETINE HCL 150MG CAP (Mexitil) •• RESTRICTED TO CARDIOLOGY (FR-3)	0.32
MEXILETINE HCL 150MG CAP U/D (Mexitil) •• (FR-3) RESTRICTED TO CARDIOLOGY--INPATIENT USE ONLY	0.37
MEXILETINE HCL 200MG CAP (Mexitil) •• RESTRICTED TO CARDIOLOGY (FR-3)	0.38
MEXILETINE HCL 200MG CAP U/D (Mexitil) •• (FR-3) RESTRICTED TO CARDIOLOGY--INPATIENT USE ONLY	0.40
MEXILETINE HCL 250MG CAP (Mexitil) •• RESTRICTED TO CARDIOLOGY (FR-3)	0.52
MEXILETINE HCL 250MG CAP U/D (Mexitil) •• (FR-3) RESTRICTED TO CARDIOLOGY	0.57
PROCAINAMIDE HCL 100MG/ML - 10ML VIAL (Pronestyl)	2.05
PROCAINAMIDE HCL 250MG CAP (Pronestyl)	0.01
PROCAINAMIDE HCL 250MG CAP U/D (Pronestyl) •• INPATIENT USE ONLY	0.04
PROCAINAMIDE HCL 250MG SR TAB (Procan S.R.)	0.04
PROCAINAMIDE HCL 250MG SR TAB U/D (Procan S.R.) •• INPATIENT USE ONLY	0.11
PROCAINAMIDE HCL 375MG CAP (Pronestyl)	0.03
PROCAINAMIDE HCL 375MG CAP U/D (Pronestyl) •• INPATIENT USE ONLY	0.06
PROCAINAMIDE HCL 500MG SR TAB (Procan S.R.)	0.06
PROCAINAMIDE HCL 500MG SR TAB U/D (Procan S.R.) •• INPATIENT USE ONLY	0.16

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PROCAINAMIDE HCL 500MG/ML - 2ML VIAL (Pronestyl)	3.75
QUINIDINE GLUC 80MG/ML INJ 10ML VIAL	6.45
QUINIDINE GLUCONATE 324MG SA TAB U/D (Quinaglute) ** INPATIENT USE ONLY	0.15
QUINIDINE GLUCONATE 324MG SA TAB (Quinaglute)	0.06
QUINIDINE SULFATE 200MG TAB	0.03
QUINIDINE SULFATE 200MG TAB U/D ** INPATIENT USE ONLY	0.14
TOCAINIDE 400MG TAB U/D (Tonocard) ** INPATIENT USE ONLY (CARDIOLOGY) (FR-3)	0.39
TOCAINIDE 400MG TABLET (Tonocard) ** RESTRICTED TO CARDIOLOGY (FR-3)	0.34
TOCAINIDE 600MG TAB U/D (Tonocard) ** INPATIENT USE ONLY (CARDIOLOGY) (FR-3)	0.56
TOCAINIDE 600MG TABLET (Tonocard) ** RESTRICTED TO CARDIOLOGY (FR-3)	0.47
* * * ANTILIPEMIC AGENTS (CV350) * * *	
CHOLESTYRAMINE POWDER 378GM CAN (Questran) ** 42 DOSES PER CAN	11.55
CHOLESTYRAMINE POWDER 4GM RESIN/PACK (Questran) ** INPATIENT USE ONLY	0.58
GEMFIBROZIL 300MG CAP (Lopid) ** RESTRICTED TO CARDIO. ENDO OR MICHAEL GOLUB. MD (FR-3)	0.18
GEMFIBROZIL 300MG CAP U/D (Lopid) ** (FR-3) RESTRICTED TO CARDIO. ENDO. M GOLUB MD--INPATIENT USE ONLY	0.23
LOVASTATIN 20MG TAB U/D (Mevacor) ** (FR-2) RESTRICTED TO CARDIO. ENDO. M GOLUB MD--INPATIENT USE ONLY	1.27
LOVASTATIN 20MG TABLET (Mevacor) ** (FR-2) RESTRICTED TO CARDIO. ENDO OR MICHAEL GOLUB. MD	1.25
PROBUCOL 250MG TAB (Lorelco)	0.15

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PROBUCOL 250MG TAB U/D (Lorelco) •• INPATIENT USE ONLY	0.16
• • • ANTIHYPERTENSIVES-OTHER (CV450) • • •	
HYDRALAZINE HCL 10MG TAB (Apresoline)	0.01
HYDRALAZINE HCL 10MG TAB U/D (Apresoline) •• INPATIENT USE ONLY	0.04
HYDRALAZINE HCL 20MG/ML INJ. 1ML AMP (Apresoline)	1.32
HYDRALAZINE HCL 25MG TAB (Apresoline)	0.01
HYDRALAZINE HCL 25MG TAB U/D (Apresoline) •• INPATIENT USE ONLY	0.03
HYDRALAZINE HCL 50MG TAB (Apresoline)	0.02
HYDRALAZINE HCL 50MG TAB U/D (Apresoline) •• INPATIENT USE ONLY	0.04
METHYLDOPA 250MG TAB (Aldomet)	0.10
METHYLDOPA 250MG TAB U/D (Aldomet) •• INPATIENT USE ONLY	0.14
METHYLDOPA 500MG TAB (Aldomet)	0.17
METHYLDOPA 500MG TAB U/D (Aldomet) •• INPATIENT USE ONLY	0.26
METHYLDOPA ORAL LIQUID 250MG/5ML (Aldomet)	0.07
METHYLDOPATE HCL 50MG/ML VIAL 5ML (Aldomet)	5.23
NITROPRUSSIDE SODIUM 50MG INJ. VIAL (Nipride)	1.21
RESERPINE 0.1MG TAB (Serpasil) (Raused)	0.01
RESERPINE 0.1MG TAB U/D (Serpasil) (Raused) •• INPATIENT USE ONLY	0.02
RESERPINE 0.25MG TAB (Serpasil) (Raused)	0.01

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
RESERPINE 0.25MG TAB U/D (Serpasil) (Reused) ** INPATIENT USE ONLY	0.02
* * * PERIPHERAL VASODILATORS (CV900) * * *	
PAPAVERINE HCL 30MG/ML INJ VI 2ML	0.74
* * * SCLEROSING AGENTS (CV600) * * *	
SODIUM TETRADECYL 1%, 2ML AMP (Sotradecol)	2.70
SODIUM TETRADECYL 3%, 2ML AMP (Sotradecol)	3.19
* * * THIAZIDES/RELATED (CV701) * * *	
HYDROCHLOROTHIAZIDE 25MG TAB (Esidrix) (Hydrodiuril)	0.01
HYDROCHLORUTHIAZIDE 25MG TAB U/D (Esidrix) (Hydrodiuril) ** INPATIENT USE ONLY	0.02
HYDROCHLOROTHIAZIDE 50MG TAB (Esidrix) (Hydrodiuril)	0.01
HYDROCHLOROTHIAZIDE 50MG TAB U/D (Esidrix) (Hydrodiuril) ** INPATIENT USE ONLY	0.03
METOLAZONE 2.5MG TAB (Zaroxolyn) (Diulo)	0.03
METOLAZONE 2.5MG TAB U/D (Zaroxolyn) (Diulo) ** INPATIENT USE ONLY	0.05
METOLAZONE 5MG TAB (Zaroxolyn) (Diulo)	0.04
METOLAZONE 5MG TAB U/D (Zaroxolyn) (Diulo) ** INPATIENT USE ONLY	0.06
* * * LOOP DIURETICS (CV702) * * *	
BUMETANIDE INJ 0.5MG/2ML (Bumex) ** (FR-2) RESTRICTED TO NEPHROLOGY, CARDIOLOGY, OR ALL ICU'S	1.39

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
ETHACRYNIC ACID 50MG INJ VIAL (Edecrin)	7.39
ETHACRYNIC ACID 50MG TAB (Edecrin)	0.13
ETHACRYNIC ACID 50MG TAB U/D (Edecrin) ** INPATIENT USE ONLY	0.18
FUROSEMIDE 10MG/ML 10ML INJ AMP (Lasix)	1.15
FUROSEMIDE 10MG/ML 2ML INJ AMP (Lasix)	0.21
FUROSEMIDE 10MG/ML SYRUP BTL 60ML (Lasix)	6.15
FUROSEMIDE 20MG TAB (Lasix)	0.05
FUROSEMIDE 20MG TAB U/D (Lasix) ** INPATIENT USE ONLY	0.03
FUROSEMIDE 40MG TAB (Lasix)	0.01
FUROSEMIDE 40MG TAB U/D (Lasix) ** INPATIENT USE ONLY	0.03
* * * CARBONIC ANHYDRASE INHIBITORS (CV703) * * *	
ACETAZOLAMIDE 250MG TAB (Diamox)	0.03
ACETAZOLAMIDE 250MG TAB U/D (Diamox) ** INPATIENT USE ONLY	0.06
ACETAZOLAMIDE 500MG INJ VIAL (Diamox)	10.60
ACETAZOLAMIDE 500MG SR CAP (Diamox)	0.23
ACETAZOLAMIDE 500MG SR CAP U/D (Diamox) ** INPATIENT USE ONLY	0.23
* * * POTASSIUM SPARING/COMBINATIONS (CV704) * * *	
AMILORIDE 5MG TAB (Midamor)	0.17
AMILORIDE 5MG TAB U/D (Midamor) ** INPATIENT USE ONLY	0.18
HCTZ/TRIAMTERENE 25MG/50MG CAP U/D (Dyazide) ** INPATIENT USE ONLY	0.10
HCTZ/TRIAMTERENE 25MG/50MG CAP (Dyazide)	0.09

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
SPIRONOLACTONE 25MG TAB (Aldactone)	0.01
SPIRONOLACTONE 25MG TAB U/D (Aldactone) ** INPATIENT USE ONLY	0.07
TRIAMTERENE 100MG CAP (Dyrenium)	0.10
TRIAMTERENE 100MG CAP U/D (Dyrenium) ** INPATIENT USE ONLY	0.15
TRIAMTERENE 50MG CAP (Dyrenium)	0.11
TRIAMTERENE 50MG CAP U/D (Dyrenium) ** INPATIENT USE ONLY	0.12
* * * DIURETICS.OTHER (CV709) * * *	
GLYCERIN SOLN 50%, 180ML BTL (Osmoglyn) ** ORAL SOLUTION	8.15
MANNITOL 10% IV, 1000ML BAG	15.60
MANNITOL 15% IV, 150ML BTL	3.25
MANNITOL 15% IV, 500ML BAG	11.97
MANNITOL 25% INJ., 50ML VIAL	0.89
* * * ACE INHIBITORS (CV800) * * *	
CAPTOPRIL 12.5MG TAB U/D (Capoten) ** FOR INPATIENT USE ONLY	0.25
CAPTOPRIL 25MG TAB (Capoten)	0.26
CAPTOPRIL 25MG TAB U/D (Capoten) ** INPATIENT USE ONLY	0.29
CAPTOPRIL 50MG TAB (Capoten)	0.46
CAPTOPRIL 50MG TAB U/D (Capoten) ** INPATIENT USE ONLY	0.42
LISINOPRIL 10MG TAB (Zestril) (Prinivil)	0.40
LISINOPRIL 10MG TAB U/D (Zestril) (Prinivil) ** INPATIENT USE ONLY	0.40

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
LISINOPRIL 20MG TAB (Zestril) (Prinivil)	0.42
LISINOPRIL 20MG TAB U/D (Zestril) (Prinivil) ** INPATIENT USE ONLY	0.42
LISINOPRIL 5MG TAB (Zestril) (Prinivil)	0.36
LISINOPRIL 5MG TAB U/D (Zestril) (Prinivil) ** INPATIENT USE ONLY	0.36
* * * CARDIOVASCULAR.OTHER (CV900) * * *	
AMRINONE LACTATE 5MG/ML - 20ML AMP (Inocor) ** RESTRICTED TO CARDIOLOGY (FR-1)	19.12
PENTOXIFYLLINE 400MG TAB (Trental) ** RESTRICTED TO VASCULAR SURGERY (FR-2)	0.25
PENTOXIFYLLINE 400MG TAB U/D (Trental) ** INPATIENT USE ONLY (VASCULAR SURGERY) (FR-2)	0.29
* * * ANTI-INFECTIVE.TOPICAL (DE100) * * *	
HYDROGEN PEROXIDE 3%, 480ML BTL	0.28
ISOPROPYL ALCOHOL 70%, 480ML BTL	0.46
POVIDONE/IODINE 1% OINT 1/32OZ PKT (Betadine) (Pharmadyne) ** INPATIENT ONLY	0.03
POVIDONE/IODINE 1% OINT, 30GM TUBE (Betadine) (Pharmadyne)	0.64
SILVER NITRATE APPLIC STKS, 100/TUBE	5.25
SOD HYPOCHLORITE 0.25% SOL ** 1/2 STRENGTH--SPECIAL COMPOUNDING	0.01
SOD HYPOCHLORITE 0.5% SOL (DAKIN'S) ** FULL STRENGTH--SPECIAL COMPOUNDING	0.01
* * * ANTIBACTERIAL (DE101) * * *	
BACITRACIN 500 U/GM OINTMENT 30GM TUBE (Baciguent)	0.43

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
BENZOYL PEROXIDE 10% CR. 42.5GM TU (Desquam X)	0.81
BENZOYL PEROXIDE 5% CR. 42.5GM TU (Desquam X)	0.81
CLINDAMYCIN SOLN 1%. 60ML BTL (Cleocin T)	5.09
GENTAMICIN CRM 0.1% 15GM	4.70
NEOMYCIN/POLYMYX/BACI 1/32 OZ PKT (Neosporin) (Mycitracin)	0.14
NEOMYCIN/POLYMYX/BACI 30GM TU OINT (Neosporin) (Mycitracin) ** [FR-4] NO REFILLS	2.98
SILVER SULFADIAZINE CR 1%. 400GM JAR (Silvadene)	13.21
* * * ANTIFUNGAL (DE102) * * *	
BENZ ACID 3%. SA 1.5% -70% IPA/H2O 480ML	5.00
BENZOIC/SALICYLATE OINT 30GM TUBE (Whitfields Ointment)	0.70
CARBOL FUCHSIN 120ML BTL	2.00
CARBOL FUCHSIN 60ML BTL	0.75
CLOTRIMAZOLE CREAM 1%. 30GM TUBE (Lotrimin) (Mycelex)	0.89
CLOTRIMAZOLE SOLUTION 1%. 30ML BT (Lotrimin) (Mycelex)	1.53
METHYLROSANILINE CHL SOLN 1%. 30ML BT (Gentian Violet) ** [FR-4] NO REFILLS	1.15
MICONAZOLE CREAM 2% 90GM TUBE (Micatin) (Monistat Derm)	6.18
MICONAZOLE CREAM 2%. 30GM TUBE (Micatin) (Monistat Derm)	5.75
NYSTATIN 100.000U/GM CREAM 15GM TU (Mycostatin)	0.52
NYSTATIN 100.000U/GM OINT 30GM TU (Mycostatin)	1.46
NYSTATIN 100.000U/GM POWDER 15GM BTL (Mycostatin)	7.59

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
* * * ANTI-INFLAMMATORY,TOPICAL (DE300) * * *	
ALUMINUM ACETATE TAB (Domeboro)	0.10
DESOXIMETASONE CR 0.25% 15GM TUBE (Topicort)	2.54
DESOXIMETASONE CR 0.25%, 60GM TUBE (Topicort)	7.61
FLUOCINONIDE 0.05% CREAM, 15GM TUBE (Lidex)	3.00
FLUOCINONIDE 0.05% CREAM, 60GM TUBE (Lidex)	6.12
FLUOCINONIDE 0.05% OINT, 15GM TUBE (Lidex)	4.07
FLUOCINONIDE 0.05% GTWT, 60GM TUBE (Lidex)	10.15
FLUOCINONIDE-E CR 0.05%, 60GM TUBE (Lidex E)	10.15
HALCINONIDE 0.1% CREAM, 15GM TUBE (Halog)	4.98
HALCINONIDE 0.1% CREAM, 60GM TUBE (Halog)	7.38
HALCINONIDE 0.1% OINT, 15GM TUBE (Halog)	4.32
HALCINONIDE 0.1% OINT, 60GM TUBE (Halog)	6.75
HYDROCORTISONE CREAM 1%, 30GM TUBE	1.17
HYDROCORTISONE CREAM 1%, 454GM JR	10.10
HYDROCORTISONE LOTION 1%, 30ML BTL (Texacort)	2.49
HYDROCORTISONE OINT 1%, 30GM TUBE	1.68
HYDROCORTISONE OINT 1%, 454GM JAR	15.00
TRIAMCINOLONE 0.025% CREAM, 15GM TU (Kenalog) (Aristocort)	0.81
TRIAMCINOLONE 0.025% CREAM, 240GM JAR (Kenalog) (Aristocort)	3.94
TRIAMCINOLONE 0.025% CREAM, 60GM TU (Kenalog) (Aristocort)	1.83
TRIAMCINOLONE 0.1% CREAM, 15GM TUBE (Kenalog) (Aristocort)	0.81

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
TRIAMCINOLONE 0.1% CREAM, 5LB JAR (Kenalog) (Aristocort)	23.00
TRIAMCINOLONE 0.1% LOTION, 60ML BTL (Kenalog) (Aristocort)	10.37
TRIAMCINOLONE 0.1% OINT, 15GM TU (Kenalog) (Aristocort)	0.51
TRIAMCINOLONE 0.1% OINT, 454 GM (Kenalog) (Aristocort)	4.60
TRIAMCINOLONE 0.1% OINT, 5LB JAR (Kenalog) (Aristocort)	24.12
TRIAMCINOLONE 0.5% CREAM, 15GM TUBE (Kenalog) (Aristocort)	2.54
TRIAMCINOLONE 0.5% CREAM, 240GM (Aristocort) (Kenalog)	7.56
• • • ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS (DE250) • • •	
FLUOCINOLONE/NEOMYCIN 0.25%/.5% CRM 15GM (Neo Synalar)	5.74
IODOCHLORHYDROXYQUIN/HC 3%/1% 20GM TUBE (Vioform H.C.)	1.33
NEOMYCIN-POLY-BACI-HC OPH OINT 3.5GM (Cortisporin Ophth)	1.26
• • • SUN PROTECTANTS/SCREENS (DE300) • • •	
PADIMATE-O/DIOXYBENZONE 15 CREAM 120GM (Solbar Plus) ** RESTRICTED TO PSYCHIATRY OR DERMATOLOGY (FR-2)	4.20
• • • SOAPS/SHAMPOOS (DE400) • • •	
ALSOLENE LIQUEFYING CLEANER 340GM JAR	3.83
DERMACIDAL SOAP	3.80
HEXACHLOROPHENE 150ML BT (PhisoHex) ** RESTRICTED TO MRSA PATIENTS	4.80
HEXACHLOROPHENE 6ML PKT (Phisohex) ** RESTRICTED TO MRSA PATIENTS	0.20
POLOXAMER IODINE 0.75% SOLN 480ML BT (Prepodyne) (Betadyne)	1.56

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
POLOXAMER IODINE 1% SOLUTION GAL (Prepodyne)	10.66
POLOXAMER IODINE 1% WHIRLPOOL, GAL (Prepodyne) (Septodyne)	5.08
POVIDONE/IODINE 10% SOLN. 480ML BTL (Betadine) (Pharmadyne) ** CONTAINS 10% FREE IODINE	1.15
POVIDONE/IODINE 3840ML SOLN BTL (Betadine) (Pharmadyne) ** FOR WHIRLPOOL USE	2.69
POVIDONE/IODINE SCRUB 473ML BT (Betadine)	1.66
SHAMPOO, MILD (BABY SHAMPOO) 120ML BT ** RESTRICTED TO NHCU/LTC (STOCK)	0.96
* * * KERATOLYTICS/CAUSTICS (DE500) * * *	
PODOPHYLLIN 20%/ALCOHOL 15ML BTL	3.78
PODOPHYLLIN 20%/COMP BENZ TINCT 30ML BTL	3.78
PPT SUL 5%/SA 2% IN SHAMP 88E	0.01
SALICYLIC 16.7%/LACTIC 16.7% 15ML BTL (Duofilm)	3.74
SALICYLIC ACID 0.25% OINT. 454GM JAR	5.90
SALICYLIC ACID 40% PLASTER 2-1/2 X 4 PCK	0.47
SULFUR/SALICYLIC ACID SOLUTION 125ML BTL (Sebulex Shampoo)	2.42
* * * ANTINEOPLASTIC.TOPICAL (DE600) * * *	
FLUOROURACIL 2% SOLN. 10ML BTL (Efudex)	9.37
FLUOROURACIL 5% CREAM. 25GM TUBE (Efudex)	9.64
FLUOROURACIL 5% SOLN. 10ML BTL (Efudex)	10.23
* * * LOCAL ANESTHETICS.TOPICAL (DE700) * * *	
BENZOCAINE 20% LIQUID 30ML (Hurricaine)	3.38
BENZOCAINE 20% OINTMENT 30 GM JAR (Americaine)	2.80

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
BENZOCAINE 20% SPRAY 60ML (Hurricaine)	7.12
COCAINE 4% TOPICAL SOLN 4ML BTL	6.18
DIBUCAINE 1% OINTMENT 30 GM TUBE (Nupercainal)	0.81
FRIGIDERM REFRIGERANT AEROSOL 240ML	4.95
LIDOCAINE 2% JELLY 30 GM TUBE (Xylocaine)	1.87
LIDOCAINE 5% OINTMENT 35 GM TUBE (Xylocaine)	0.58
• • • ANTIPSORIATIC.TOPICAL (DE800) • • •	
ANTHRALIN 0.2% IN ZINC OXIDE PASTE	0.12
ANTHRALIN 0.4% IN ZINC OXIDE PASTE	0.12
ANTHRALIN 1%, SA 1% IN AQUAPHOR 60GM JAR	5.00
ANTHRALIN 2%, SA 1% IN AQUAPHOR 60GM JAR	5.00
COAL TAR 5% GEL 90GM TUBE (Estar Gel)	8.18
COAL TAR BATH OIL 2.5%, 240ML BTL (Tru Tar) (Balnetar)	3.50
COAL TAR COLLOIDAL EMULSION 180ML BTL (Zetar)	3.98
COAL TAR COLLOIDAL SHAMPOO 180ML BT (Zetar)	2.96
LCD 10% IN AQUAPHOR 454GM JAR	5.00
LCD 3% IN AQUAPHOR 240GM JAR	5.00
LCD 3% IN HC CR 1% 240GM JAR	5.00
LCD 3% IN HC OINT 1% 240GM JAR	5.00
LCD 5% IN AQUAPHOR 454GM JAR	5.00
SELENIUM SULFIDE SOLN 2.5%, 120ML BT (Selsun)	0.81
• • • DERMATOLOGICAL.SYSTEMIC (DE850) • • •	
POTASSIUM P-AMINOBENZOATE 500MG TAB (Potaba)	0.07
• • • DERMATOLOGICALS.OTHER TOPICAL (DE900) • • •	
AQUA-AQUAPHOR CREAM 454GM JAR (Eucerin)	2.52

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
BATH OIL 240ML BOTTLE (Domol) ** INPATIENT ONLY	0.98
BENZOIN TINCTURE, PLAIN W/APPL 2 OZ	4.00
BENZOIN TINCTURE, PLAIN W/APPL 4 OZ	5.80
CALAMINE LOTION 120ML BOTTLE ** (FR-4) NO REFILLS	0.60
CLEANER PERIWASH 240ML (Periwash)	2.28
CORNSTARCH POWDER 454GM BOX	0.29
DUODERM GRANULES 5 PKG/BX	13.49
FERRIC SUBSULFITE SOL 500ML BOTTLE	18.20
FLEXIBLE COLLODION 480ML BOTTLE	12.00
HYDROPHILIC PETROLATUM 454GM JAR (Aquaphor)	5.61
HYDROQUINONE CREAM 2%, 30GM TUBE (Eldoquin)	6.65
HYDROQUINONE FORTE CR 4%, 30GM TUBE (Eldoquin Forte)	9.25
LACTICARE LOTION 240ML BOTTLE ** (FR-4) NO REFILLS	2.50
LUBRICANT SURGICAL 2.7GM PACKET (K-Y Jelly) (Lubafax)	0.02
LUBRICATING JELLY 60GM TUBE (Surgilube)	0.39
OATMEAL COLLOIDAL POWDER 454GM BOX (Aveeno)	3.25
PETROLATUM OINTMENT 30GM TUBE (Vaseline)	0.35
PHENOL-SALINE LOTION 240ML BOTTLE (P&S Lotion)	9.26
SCHAMBERG'S TOPICAL LOTION 480ML BOTTLE	4.60
SKIN LOTION 60ML BOTTLE (Keri Lotion) ** INPATIENT ONLY	0.19
SULFUR 2%, SA 2% IN 1% HC CR 120GM JAR	5.00
TALCUM POWDER 454GM BOTTLE ** (FR-4) NO REFILLS	1.81

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NERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
TINCTURE OF BENZOIN 120ML BOTTLE (Tin Ben)	2.00
TINCTURE OF BENZOIN COMPOUND 120ML BTL (Tinco Ben)	2.00
TRETINOIN 0.025% GEL 15GM TUBE (Retin A) ** RESTRICTED TO DERMATOLOGY (FR-2)	5.39
TRETINOIN 0.1% CREAM 20GM TUBE (Retin A) ** RESTRICTED TO DERMATOLOGY (FR-2)	6.66
TRYPSIN SPRAY 113GM AEROSOL CAN (Granulex) (Granuzed)	7.64
UNI-WASH 240ML BTL	7.90
URIBERM 240ML	5.35
UREA 10% LOTION 180GM BOTTLE (Carmol)	2.28
UREA 20% CREAM 90GM TUBE (Carmol)	2.61
ZINC OXIDE 25% PASTE 30GM TUBE	1.90
ZINC OXIDE 25% PASTE 450GM JAR	11.22
ZINC OXIDE OINT 28GM/TUBE	0.60
ZINC OXIDE OINT 454GM/JAR	3.96
* * * NON-IONIC (DX101) * * *	
OMEISOL (180MG IODINE/ML) 20ML VIAL (Omnipaque 180)	42.26
OMEISOL (240MG IODINE/ML) 10ML VIAL (Omnipaque 240)	41.12
OMEISOL (350MG IODINE/ML) 50ML VIAL (Omnipaque 350)	45.00
OXAGLIC ACID MEG/SODIUM 20ML (Hexabrix)	21.60
OXAGLIC ACID MEG/SODIUM 50ML (Hexabrix)	41.50
PODATE CALCIUM 3GM PACKET (Dragrafin)	3.51
PODATE CALCIUM 500MG CAP U/D (Dragrafin)	0.72
ETRIZAMIDE 6.75GM - 50ML VIAL (Avipaque)	85.00
* * * IONIC (DX102) * * *	
IATRIZOATE MEGLUMINE 60% 100ML VIAL (Reno M-60)	10.94

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
DIATRIZOATE MEGLUMINE 60% 150ML VI W/SET (Reno M-60)	15.60
DIATRIZOATE MEGLUMINE 60% 50ML VIAL (Reno M-60)	10.96
DIATRIZOATE MEGLUMINE/SOD 37% ORAL 120ML (Gastrografin)	8.94
DIATRIZOATE MEGLUMINE/SOD 60%-50ML VIAL (Renografin 60)	8.78
DIATRIZOATE MEGLUMINE/SOD 76%-50ML VIAL (Renografin 76) (Hypaque)	2.69
ETHIODIZED OIL 10ML APP (Ethiodol)	10.04
IODIPAMIDE MEGLUMINE 26% - 20ML VIAL (Cholografin)	13.09
IODIPAMIDE MEGLUMINE 52% -20ML VIAL	10.04
IOTHALAMATE MEGLUMINE 60% - 50 ML VIAL (Conray)	3.30
• • • DIAGNOSTIC ANTIGENS (DX900) • • •	
CANDIDA SKIN TEST 1:500 1ML VIAL	4.38
COCCIDIOIDIN SKIN TEST 1:10. 0.5ML VL (Spherulin)	15.80
COCCIDIOIDIN SKIN TEST 1:100. 1ML VL (Spherulin)	9.00
HISTOPLASMIN. DILUTED SKIN TEST 1ML VL	5.41
MUMPS SKIN TEST 0.1ML/DOSE - 1ML VIAL	13.80
TUBERCULIN PPD 1TU/0.1ML - 1ML VIAL	6.80
TUBERCULIN PPD 250TU/0.1ML - 1ML VIAL	9.30
TUBERCULIN PPD 5TU/0.1ML - 1ML VIAL	2.90
• • • DIAGNOSTICS.OTHER (DX900) • • •	
CORTICOTROPIN INJ. 0.25MG VIAL (Cortrosyn)	4.29
EVANS BLUE INJ. 5MG/ML. 5ML APP	2.92
FLUORESCEIN BENOXINATE OPH 5ML BTL (Flurosa)	2.69
FLUORESCEIN SODIUM 10% 5ML APP (Fluorescite)	0.08
FLUORESCEIN STRIP	14.86

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
GONADORELIN 100MCG VIAL (Factrel)	23.34
GONADORELIN 500MCG VIAL (Factrel)	23.34
INDIGOTINDISULFONATE SOD 8MG/ML-5ML AMP (Indigo Carmine)	1.24
INSULIN 100MG/ML - 50 ML AMP	9.18
METHYLENE BLUE 1% INJ 10ML AMP	0.44
METYRAPONE 250MG TAB (Metopirone)	1.68
PENTAGASTRIN 250 MCG/ML - 5ML AMP (Peptavlon)	9.30
PROTIRELIN 500MCG/ML - 1ML AMP (Thypinone)	28.90
SULFOBROMOPHTHALEIN SOD 50MG/ML - 10ML	2.78
THYROTROPIN 10 I.U. VIAL (Thytropar)	73.28
* * * ANTACIDS (GA100) * * *	
ALUMINUM HYD/MG TRISILICATE CHEW TAB U/D ** INPATIENT USE ONLY	0.06
ALUMINUM HYDR/MAG TRISILICATE CHEW TAB (Gaviscon)	0.04
ALUMINUM HYDROX SUSP 320MG/ 5ML-360ML BT (Amphojel)	0.79
ALUMINUM HYDROX SUSP 320MG/5ML, 30ML UD (Amphojel)	0.27
ALUMINUM HYDROXIDE 475MG CAP (Alucap)	0.03
ALUMINUM HYDROXIDE 475MG CAP U/D (Alucap) ** INPATIENT USE ONLY	0.08
ALUMINUM/MAGNESIUM GEL 150ML BTL (Mylanta)	0.37
ALUMINUM/MAGNESIUM GEL 30ML U/D CUP (Mylanta)	0.14
* * * LAXATIVES (GA200) * * *	
BARIUM ENEMA PREP KIT NO. 2 (FLEET®)	3.19
BISACODYL 5MG TAB (Dulcolax)	0.01
BISACODYL 5MG TAB U/D (Dulcolax) ** INPATIENT USE ONLY	0.03

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CASCARA SAGRADA FLUID EXTRACT, 120 ML ** (FR-4) NO REFILLS	1.87
CASTOR OIL EMULSION 120 ML (Neoloid) ** (FR-4) NO REFILLS	1.77
DOCUSATE CALCIUM 240MG CAP (Surfak)	0.10
DOCUSATE CALCIUM 240MG U/D (Surfak) ** INPATIENT ONLY	0.07
DOCUSATE SODIUM 100MG/30ML, U/D (Colace)	0.32
DOCUSATE SODIUM 50MG/15ML, U/D (Colace)	0.26
DOCUSATE SODIUM 50MG/5ML LIQ 480ML BT ** CONCENTRATED SOLUTION - USUAL DOSE 5ML	2.74
GELYTELY (Colyte)	0.01
LACTULOSE SYR, 20GM/30ML, 30ML U/D CUP (Cephulac)	1.43
LACTULOSE SYR, 20GM/30ML, 480ML BTL (Cephulac)	11.42
MAGNESIUM CITRATE SOLN 300ML ** (FR-4) NO REFILLS	1.42
MILK OF MAGNESIA 30ML UD ** INPATIENT ONLY	0.24
MILK OF MAGNESIA-CASCARA, 15ML U/D ** INPATIENT USE ONLY	0.19
MINERAL OIL LIQUID ** (FR-4) NO REFILLS	0.01
MINERAL OIL LIQUID, 30ML U/D	0.17
PSYLLIUM HYDROPHIL-SENNA CONC 100GM CAN (Perdiem)	2.13
PSYLLIUM HYDROPHILIC MUCIL 400GM JAR (Metamucil)	1.91
PSYLLIUM HYDROPHILIC MUCIL 6.4GM PAK (Metamucil) ** INPATIENT ONLY	0.09
SENNA CONCENTRATE 180GM CAN, GRANULES (Senokot) ** (FR-4) NO REFILLS	3.67

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
BENNA CONCENTRATE 187MG TAB (Senokot) ** (FR-4) NO REFILLS	0.02
BENNA CONCENTRATE 187MG TAB U/D (Senokot) ** INPATIENT USE ONLY	0.04
BENNA CONCENTRATE 600M CAN. GRANULES (Senokot) ** (FR-4) NO REFILLS	2.39
BISMOISIGMOIDOSCOPY PREP KIT ** BISACODYL 2 TABS AND 2 FLEETS ENEMAS	0.85
BODIUM PHOSPHATE ORAL SOLN 45ML BTL	0.49
BORBITOL 70%. 480ML	4.50
* * * HISTAMINE ANTAGONISTS (BA301) * * *	
CIMETIDINE 150MG/ML INJ 8ML VIAL (Tagamet) ** (FR-2) RESTRICTED TO GI OR SICU	7.58
CIMETIDINE 300MG TAB (Tagamet) ** (FR-4)-NO REFILLS! (FR-2) RESTRICTED TO GI	0.25
CIMETIDINE 200MG TAB U/D (Tagamet) ** INPATIENT USE ONLY (FR-4). (FR-2) GI APPROVAL REQ'D	0.25
CIMETIDINE 300MG TAB (Tagamet) ** (FR-4)-NO REFILLS! (FR-2) RESTRICTED TO GI	0.28
CIMETIDINE 300MG TAB U/D (Tagamet) ** INPATIENT USE ONLY (FR-4). (FR-2) GI APPROVAL REQ'D	0.28
CIMETIDINE 300MG/5ML LIQUID 240ML BT (Tagamet) ** (FR-4) AND (FR-2) RESTRICTED TO GI	28.90
CIMETIDINE 400MG TAB U/D (Tagamet) ** INPATIENT USE ONLY (FR-4)	0.88
RANITIDINE 150MG TAB (Zantac) ** RESTRICTED TO GASTROENTEROLOGY (FR-2)	0.87
RANITIDINE 150MG TAB U/D (Zantac) ** INPATIENT USE ONLY (GASTROENTEROLOGY) (FR-2)	0.75
* * * PROTECTANTS (BA302) * * *	
SUCRALFATE 1GM TAB (Carafate)	0.25

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
SUCRALFATE 1GM TAB U/D (Carafate) ** INPATIENT USE ONLY	0.30
• • • ANTIDIARRHEAL AGENTS (GA400) • • •	
BISMUTH MAGMA LIQ. ** (FR-4) NO REFILLS	0.02
BISMUTH-PAREGORIC LIQUID	0.02
CAMPHORATED OPIUM TINTURE (Paregoric)	0.01
DIPHENOXYLATE 2.5MG/ATROP .025MG TAB U/D (Lomotil) ** INPATIENT USE ONLY	0.02
DIPHENOXYLATE 2.5MG/ATROPINE 0.025MG TAB (Lomotil)	0.01
KAOLIN-PECTIN SUSP. 240ML BTL (Kaopectate) ** (FR-4) NO REFILLS	1.90
KAOLIN-PECTIN SUSP. 30ML UD (Kaopectate)	0.18
LACTOBACILLUS ACID. TAB (Lactinex)	0.05
• • • DIGESTANTS (GA500) • • •	
PANCRELIPASE CAPSULE (PANCREASE) (Pancrease) ** RESTRICTED TO GASTROENTEROLGY (FR-3)	0.12
PANCRELIPASE CAPSULE U/D (PANCREASE) (Pancrease) ** (FR-3) RESTRICTED TO GASTROENTEROLOGY--INPATIENT USE ONLY	0.17
PANCRELIPASE SINGLE STR TAB U/D (Viokase) ** INPATIENT USE ONLY	0.08
PANCRELIPASE SINGLE STR TAB(VIOKASE) (Viokase)	0.06
• • • EMETICS (GA600) • • •	
IPECAC SYRUP, 15ML BOTTLE	0.97
• • • ANTIEMETICS (GA700) • • •	
BENZQUINAMIDE 50MG INJ (Emete Con)	1.43
PROCHLORPERAZINE 10MG TAB (Compazine)	0.09
PROCHLORPERAZINE 10MG TAB U/D (Compazine) ** INPATIENT USE ONLY	0.29

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PROCHLORPERAZINE 25MG SUPP (Compazine)	0.76
PROCHLORPERAZINE 5MG SUPP (Compazine)	0.78
PROCHLORPERAZINE 5MG/ML INJ. 10ML VIAL (Compazine)	4.44
PROCHLORPERAZINE 5MG/ML INJ. 2ML AMP (Compazine)	0.99
THIETHYLPERAZINE MALEATE 10 MG SUPP. (Torecan)	0.49
THIETHYLPERAZINE MALEATE 10 MG TAB U/D (Torecan) ** INPATIENT USE ONLY	0.14
THIETHYLPERAZINE MALEATE 10MG TAB (Torecan)	0.11
THIETHYLPERAZINE MALEATE 5MG/ML. 2ML AMP (Torecan)	0.90
* * * ANTIMUSCARINIC/ANTISPASMODIC COMBINATIONS (GA800) * * *	
BELLADONNA/PHENOBARBITAL TAB (Donnatal)	0.01
BELLADONNA/PHENOBARBITAL TAB U/D ** INPATIENT USE ONLY	0.04
* * * GASTRIC MEDICATIONS,OTHER (GA900) * * *	
SIMETHICONE 40MG/0.6ML. 30ML BTL (Mylicon)	5.97
SIMETHICONE 80MG TAB (Mylicon) ** (FR-4) NO REFILLS	0.04
SIMETHICONE 80MG TAB U/D (Mylicon) ** INPATIENT USE ONLY	0.31
SULFASALAZINE 500MG TAB (Azulfidine)	0.05
SULFASALAZINE 500MG TAB U/D (Azulfidine) ** INPATIENT USE ONLY	0.76
* * * ANALGESICS,URINARY (GU100) * * *	
PHENAZOPYRIDINE HCL 100MG TAB (Pyridium) ** (FR-4) NO REFILLS	0.10
PHENAZOPYRIDINE HCL 100MG TAB U/D (Pyridium) ** INPATIENT USE ONLY	0.12
* * * ANTI-INFECTIVES,VAGINAL (GU300) * * *	
CLOTRIMAZOLE VAGINAL 100MG TAB (Mycelex) (Lotrimin)	1.36

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
• • • ESTROGENS.VAGINAL (GU500) • • •	
ESTROGENS 0.625MG/GM VAG CRM 42.5GM (Premarin)	7.44
• • • OXYTOCICS (GU400) • • •	
ERGONOVINE MALEATE 0.2MG/ML/AMP (Methergine)	0.72
OXYTOCIN 10U/AMP (Pitocin)	0.25
• • • GENITO-URINARY.OTHER (GU900) • • •	
NEOMYCIN/POLYMYXIN GU IRRIGANT AMP 1ML (Neosporin G-U)	1.72
• • • GLUCOCORTICOIDS (HS051) • • •	
CORTISONE ACETATE 25MG TAB	0.24
CORTISONE ACETATE 25MG TAB U/D •• INPATIENT USE ONLY	0.26
CORTISONE ACETATE 50MG/ML. 10ML VI	2.25
DEXAMETHASONE 0.5MG TAB (Decadron) (Hexadrol)	0.07
DEXAMETHASONE 0.5MG TAB U/D (Dexone) (Decadron) (Hexadrol) •• INPATIENT USE ONLY	0.07
DEXAMETHASONE 4MG TAB (Decadron) (Hexadrol) (Dexone)	0.13
DEXAMETHASONE 4MG TAB U/D (Dexone) (Decadron) (Hexadrol) •• INPATIENT USE ONLY	0.24
DEXAMETHASONE INJ 4MG/ML. 5ML VIAL (Decadron) (Hexadrol)	0.49
DEXAMETHASONE ORAL CONC 1ML/ML 30ML BTL (Decadron)	7.90
HYDROCORTISONE 20MG TAB (Cortef)	0.15
HYDROCORTISONE 20MG TAB U/D (Cortef) •• INPATIENT USE ONLY	0.17

SEPULVEDA VAMC HOSPITAL FORMULARY
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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
HYDROCORTISONE 5MG TAB (Cortef)	0.07
HYDROCORTISONE INJ 1000MG/8ML. 8ML VIAL (Solu Cortef)	16.90
HYDROCORTISONE INJ 100MG/2ML. 2ML VI (Solu Cortef)	0.84
HYDROCORTISONE INJ 500MG/4ML. 4ML VIAL (Solu Cortef)	3.76
METHYLPREDNISOLONE 125MG/VI INJ (Solu Medrol)	1.80
METHYLPREDNISOLONE 1GM/VI INJ (Solu Medrol)	9.68
METHYLPREDNISOLONE 40MG/VIAL (Solu Medrol)	1.15
METHYLPREDNISOLONE 4MG TAB (Medrol)	0.23
METHYLPREDNISOLONE 4MG TAB U/D (Medrol) ** INPATIENT USE ONLY	0.25
METHYLPREDNISOLONE 500MG/VI INJ (Solu Medrol)	5.90
METHYLPREDNISOLONE ACET 40MG/ML.5ML VI (Depo Medrol)	9.38
PREDNISONE 1MG TAB (Deltasone) (Orasone)	0.01
PREDNISONE 1MG TAB U/D (Orasone) (Deltasone) ** INPATIENT USE ONLY	0.04
PREDNISONE 20 MG TAB (Deltasone) (Orasone)	0.04
PREDNISONE 20MG TAB U/D (Orasone) (Deltasone) ** INPATIENT USE ONLY	0.08
PREDNISONE 50MG TAB (Deltasone) (Orasone)	0.19
PREDNISONE 50MG TAB U/D (Orasone) (Deltasone) ** INPATIENT USE ONLY	0.21
PREDNISONE 5MG TAB (Deltasone) (Orasone)	0.01
PREDNISONE 5MG TAB U/D (Orasone) (Deltasone) ** INPATIENT USE ONLY	0.09

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DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PREDNISONE ORAL LIQUID 5MG/5ML	0.02
TRIAMCINOLONE ACET 10MG/ML.5ML VI (Kenalog 10)	9.11
TRIAMCINOLONE ACET 40MG/ML. 5ML VI (Kenalog 40)	17.35
TRIAMCINOLONE HEXACET 20MG/ML.5ML VI (Aristospan)	19.73
• • • MINERALOCORTICOIDS (HS052) • • •	
FLUDROCORTISONE 0.1MG TAB (Florinef)	0.04
FLUDROCORTISONE 0.1MG TAB U/D (Florinef) •• INPATIENT USE ONLY	0.06
• • • ANDROGENS/ANABOLIC (HS100) • • •	
DANAZOL 200MG CAP (Danocrine)	0.99
DANAZOL 200MG CAP U/D (Danocrine) •• INPATIENT USE ONLY	1.01
FLUOXYMESTERONE 10MG TAB (Halotestin)	0.28
FLUOXYMESTERONE 10MG TAB U/D (Halotestin) •• INPATIENT USE ONLY	0.40
FLUOXYMESTERONE 5MG TAB (Halotestin)	0.40
FLUOXYMESTERONE 5MG TAB U/D (Halotestin) •• INPATIENT USE ONLY	0.40
NANDROLONE DECANOATE 100MG/2ML VI (Decadurabolin)	1.13
TESTOSTERONE AQ 100MG/ML 10ML VI	4.44
TESTOSTERONE CYP 100MG/ML 10ML VI (Depo Testosterone)	15.24
TESTOSTERONE CYP 200MG/ML.10ML VI (Depo Testosterone)	27.45
TESTOSTERONE ENANTHATE 20MG/ML.5ML VI (Delatestryl)	19.69
• • • ESTROGENS (HS300) • • •	
DIETHYLSTILBESTROL 1MG EC TAB U/D •• INPATIENT USE ONLY	0.06
DIETHYLSTILBESTROL 1MG EC TAB	0.04

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
ESTROGENS, CONJ, 0.625 MG TAB U/D (Premarin)	0.19
ESTROGENS, CONJ, 0.625MG TAB (Premarin)	0.03
• • • GONADOTROPINS (HS400) • • •	
CHORIONIC GONADOTROP 1000U/ML.10ML VI	38.73
• • • INSULIN (HS501) • • •	
INSULIN HUMAN, U-100, LENTE 10ML	12.42
INSULIN HUMAN, U-100, NPH 10ML (Insulatard Human)	5.55
INSULIN HUMAN, U-100, REGULAR 10ML (Velosulin Human)	5.55
INSULIN PUR BEEF, U-100 NPH 10ML	9.33
INSULIN PUR BEEF, U-100 REG 10ML	9.33
INSULIN PUR BEEF, U-100 ULTRA-LENTE 10ML	8.10
INSULIN PUR PORK, U-100 LENTE 10ML	11.07
INSULIN PUR PORK, U-100 NPH 10ML	5.25
INSULIN PUR PORK, U-100 REG 10ML	5.25
INSULIN PUR PORK, U-100 SEMI-LENTE 10ML	6.65
• • • ORAL HYPOGLYCEMIC AGENTS (HS502) • • •	
CHLORPROPAMIDE 100MG TAB (Diabinese)	0.01
CHLORPROPAMIDE 100MG TAB U/D (Diabinese) •• INPATIENT USE ONLY	0.17
CHLORPROPAMIDE 250MG TAB (Diabinese)	0.02
CHLORPROPAMIDE 250MG TAB U/D (Diabinese) •• INPATIENT USE ONLY	0.19
GLIPIZIDE 10MG TAB (Glucotrol)	0.25
GLIPIZIDE 10MG TAB U/D (Glucotrol) •• INPATIENT USE ONLY	0.30
GLIPIZIDE 5MG TAB (Glucotrol)	0.14

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
GLIPIZIDE 5MG TAB U/D (Glucotrol) ** INPATIENT USE ONLY	0.18
GLYBURIDE 2.5MG TAB (Micronase) (Diabeta)	0.09
GLYBURIDE 2.5MG TAB U/D (Micronase) (Diabeta) ** INPATIENT USE ONLY	0.14
GLYBURIDE 5MG TAB (Micronase) (Diabeta)	0.15
GLYBURIDE 5MG TAB U/D (Micronase) (Diabeta) ** INPATIENT USE ONLY	0.16
TOLAZAMIDE 250MG TAB (Tolinase)	0.15
TOLAZAMIDE 250MG TAB U/D (Tolinase) ** INPATIENT USE ONLY	0.19
* * * ANTIHYPOGLYCEMICS (HB503) * * *	
DEXTROSE 50% SYRINGE 50ML	1.87
DEXTROSE 50% VIAL 50ML	0.86
DIAZOXIDE 15MG/ML INJ AMP 20ML (Hyperstat)	15.91
GLUCAGON 1OMG/1OML VI	115.70
GLUCAGON 1MG/ML.1ML VI	12.18
GLUCOSE ORAL 600M BTL (Glutose) ** [FR-4] NO REFILLS	1.50
* * * PARATHYROID (HB600) * * *	
CALCITONIN-SALM 200MRC/ML INJ 2ML	20.86
ETIDRONATE DISODIUM INJ 300MG/6ML AMP (Didronel)	25.00
ETIDRONATE DISODIUM 200MG TAB (Didronel)	0.60
ETIDRONATE DISODIUM 200MG TAB U/D (Didronel) ** INPATIENT USE ONLY	0.65

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
• • • ANTERIOR PITUITARY (HS701) • • •	
CORTICOTROPIN 40U/ML, 5ML VI	5.71
CORTICOTROPIN HP GEL 40U/ML 5ML VI	6.17
• • • POSTERIOR PITUITARY (HS702) • • •	
DESMOPRESSIN ACET 0.01% SOLN 2.5ML (D.D.A.V.P.)	28.94
DESMOPRESSIN ACET INJ 4.0MCG/ML 1ML AMP (D.D.A.V.P.) (Stimate) ** (FR-2) RESTRICTED TO HEME-ONC, ENDO, OR PULM (MICU)	10.47
PITUITRIN 20U/ML/AMP	3.07
VASOPRESSIN 20U/ML/AMP (Pitressin)	4.48
VASOPRESSIN TANNATE 5UNITS/ML 1ML AMP (Pitressin Oil)	1.09
• • • PROGESTINS (HS800) • • •	
MEDROXYPROGESTERONE 10MG TAB (Provera)	0.14
MEDROXYPROGESTERONE 10MG TAB U/D (Provera) ** INPATIENT USE ONLY	0.27
MEGESTROL ACETATE 40 MG TAB (Megace)	0.56
MEGESTROL ACETATE 40MG TAB U/D (Megace) ** INPATIENT USE ONLY	0.98
• • • THYROID SUPPLEMENTS (HS801) • • •	
LEVOTHYROXINE 0.05MG TAB (Synthroid)	0.01
LEVOTHYROXINE 0.05MG TAB U/D (Synthroid) ** INPATIENT USE ONLY	0.02
LEVOTHYROXINE 0.15MG TAB (Synthroid)	0.02
LEVOTHYROXINE 0.15MG TAB U/D (Synthroid) ** INPATIENT USE ONLY	0.03
LEVOTHYROXINE 0.1MG TAB (Synthroid)	0.01
LEVOTHYROXINE 0.1MG TAB U/D (Synthroid) ** INPATIENT USE ONLY	0.03

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
LEVOTHYROXINE 0.2MG TAB (Synthroid)	0.01
LEVOTHYROXINE 0.3MG TAB U/D (Synthroid) ** INPATIENT USE ONLY	0.04
LEVOTHYROXINE 500MCG INJ VIAL (Synthroid)	14.00
LIOTHYRONINE SOD 25MCG TAB (Cytomel)	0.03
LIOTHYRONINE SOD 25MCG TAB U/D (Cytomel) ** INPATIENT USE ONLY	0.04
LIOTHYRONINE SOD 5MCG TAB (Cytomel)	0.03
LIOTHYRONINE SOD 5MCG TAB U/D (Cytomel) ** INPATIENT USE ONLY	0.04
THYROID 120MG TAB	0.04
THYROID 120MG TAB U/D ** INPATIENT USE ONLY	0.04
THYROID 15MG TAB	0.02
THYROID 15MG TAB U/D ** INPATIENT USE ONLY	0.07
THYROID 180MG TAB	0.06
THYROID 180MG TAB U/D ** INPATIENT USE ONLY	0.11
THYROID 30MG TAB	0.02
THYROID 30MG TAB U/D ** INPATIENT USE ONLY	0.04
* * * ANTITHYROID AGENTS (H8852) * * *	
POTASSIUM IODIDE 1GM/ML. 30ML BTL	2.74
PROPYLTHIOURACIL 50MG TAB	0.02
PROPYLTHIOURACIL 50MG TAB U/D ** INPATIENT USE ONLY	0.04
SODIUM IODIDE 16%/AMP	1.13

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
* * * VACCINES (IM100) * * *	
BCG VACCINE 1ML/AMP	14.32
CHOLERA VACCINE 8U/ML, VIAL	5.05
HEPATITIS B VACCINE 3ML VIAL (Recombivax)	114.57
INFLUENZA VACCINE, 1ML/DOSE	1.03
PNEUMOCOCCAL VACCINE POLYVAL, 0.5ML SYR (Pneumovax) (Pnu Immune)	5.62
RABIES VACCINE, HUMAN DIPLOID 1CML VI (Imovax)	45.00
TYPHOID VACCINE, 10 DOSE VIAL	2.62
* * * TOXOIDS (IM200) * * *	
TETANUS-DIPHTHERIA TOX ADSORBED 5ML VI	5.93
* * * ANTIVENINS/ANTITOXINS (IM300) * * *	
ANTIVENIN (SNAKE BITE) 10ML (Crotaline Antivenin)	27.77
ANTIVENIN (SPIDER BITE) 2.5MG/VIAL	7.76
* * * IMMUNOGLOBULINS (IM500) * * *	
HEPATITIS-B IMMUNE GLOBULIN 5ML VI (H-BIG) (Gammagee) (Hyperhep)	178.19
IMMUNE GLOBULIN IV 5% 50ML VL(GAMIMUNE) (Gamimune) ** RESTRICTED TO HEMATOLOGY-ONCOLOGY (FR-1)	88.00
IMMUNE SERUM GLOBULIN 10ML VIAL (Gamma Globulin)	6.00
RABIES IMMUNE GLOBULIN 10ML VIAL (Hyperab)	226.40
TETANUS IMMUNE GLOBULIN 250U DISP. SYR. (Hyper Tet)	3.98
* * * IMMUNE SUPPRESSANTS (IM600) * * *	
AZATHIOPRINE 50MG TAB (Imuran)	0.42
AZATHIOPRINE 50MG TAB U/D (Imuran) ** INPATIENT USE ONLY	0.37

GENERIC NAME (TRADE NAME)	DISPEN UNIT PR
• • • IRRIGATIONS (IR100) • • •	
ACETIC ACID IRRIG 0.25% SOL... 1000ML BT •• (PR-4) NO REFILLS	3.
ACETIC ACID IRRIG 0.25% SOLN. 500ML BT •• (PR-4) NO REFILLS	2.
CITR. ACID/GLUCONELACT. 10% IRR. SOL BT (Renacidin)	8.
GLYCINE IRRIG. SOL. 1.5%. 3000ML BG	6.
SODIUM CHLOR IRRIG. SOL 0.9% 1000ML P.B.	0.
SODIUM CHLOR IRRIG. SOL 0.9%. 1000ML BG	1.
SODIUM CHLOR IRRIG. SOL 0.9%. 500ML BT	0.
UROLOGICAL SOLUTION 1000ML BTL (Bajye Solution)	2.
WATER FOR IRRIG. 2000ML BT	2.
WATER FOR IRRIGATION 1000ML BTL.	0.
WATER FOR IRRIGATION 1500ML BTL	2.
• • • PERITONEAL DIALYSIS SOLUTIONS (IR200) • • •	
PERIT. DIALYSATE SOL. 1.5%. 2000ML BT	3
PERIT. DIALYSATE SOL. 4.25%. 2000ML BT	3
• • • HEMODIALYSIS SOLUTIONS (IR300) • • •	
DRIKA CONCENTRATE 30 GALLON DRUM	130
• • • SALICYLATES (RE101) • • •	
ASPIRIN 325MG TAB	
ASPIRIN 325MG TAB U/D •• INPATIENT USE ONLY	
ASPIRIN 600MG SUPP •• (PR-4) NO REFILLS	
ASPIRIN ENTERIC COATED 325 MG TAB U/D (Ecotrin) •• INPATIENT USE ONLY	

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
ASPIRIN ENTERIC COATED 325MG TAB (Ecotrin)	0.01
SALSALATE 750MG TAB (Disalcid)	0.06
SALSALATE 750MG TAB U/D (Disalcid) ** INPATIENT USE ONLY	0.10
SODIUM SALICYLATE INJ. 100MG/ML 10ML AMP	0.76
* * * D-PENICILLAMINE (MS104) * * *	
PENICILLAMINE 125MG CAP (Cuprimine)	0.30
PENICILLAMINE 125MG CAP U/D (Cuprimine) ** INPATIENT USE ONLY	0.30
PENICILLAMINE 250MG CAP (Cuprimine)	0.29
PENICILLAMINE 250MG CAP U/D (Cuprimine) ** INPATIENT USE ONLY	0.31
* * * GOLD COMPOUNDS (MS106) * * *	
AURANOFIN 3MG CAP (Ridaura) ** RESTRICTED TO RHEUMATOLOGY (FR-2)	0.87
AURANOFIN 3MG CAP U/D (Ridaura) ** (FR-2) RESTRICTED TO RHEUMATOLOGY--INPATIENT USE ONLY	0.62
AUROTHIOGLUCOSE 50MG/ML VIAL 10ML (Solganal) ** RESTRICTED TO RHEUMATOLOGY (FR-1)	80.00
GOLD SODIUM THIOMALATE 50MG /ML. 1ML AM (Myochrysine) ** RESTRICTED TO RHEUMATOLOGY (FR-1)	3.07
GOLD SODIUM THIOMALATE 50MG/ML.10ML VI (Myochrysine) ** RESTRICTED TO RHEUMATOLOGY (FR-1)	32.23
* * * SKELETAL MUSCLE RELAXANTS (MS200) * * *	
BACLOFEN 10MG TAB (Lioresal)	0.18
BACLOFEN 10MG TAB U/D (Lioresal) ** INPATIENT USE ONLY	0.25
CHLORZOXAZONE 250MG TAB ** (FR-4) NO REFILLS ALLOWED	0.04

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DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CHLORIDIAZIDE 250MG TAB U/D •• (FR-4)	0.09
DANTROLENE SODIUM 100MG CAP (Dantrium)	0.49
DANTROLENE SODIUM 100mG CAP U/D (Dantrium) •• INPATIENT USE ONLY	0.51
DANTROLENE SODIUM 20MG/ML INJ.. 1ML VIAL (Dantrium)	32.78
DANTROLENE SODIUM 25MG CAP (Dantrium)	0.19
DANTROLENE SODIUM 25MG CAP U/D (Dantrium) •• INPATIENT USE ONLY	0.16
DRPHENADRINE/ASA/CAFFEINE TAB U/D (Norgesic Forte) •• (FR-4) INPATIENT USE ONLY	0.13
DRPHENADRINE/ASA/CAFFEINE TAB (Norgesic Forte) •• (FR-4)--NO REFILLS	0.09
• • • NEUROMUSCULAR BLOCKERS (MS300) • • •	
ATRACURIUM 10MG/ML INJ 10ML VI (Tracrium)	23.21
ATRACURIUM 10MG/ML INJ 5ML AMP (Tracrium)	12.83
PANCURONIUM 2MG/ML INJ.. 2ML AMP (Pavulon)	3.27
PANCURONIUM 2MG/ML INJ.. 5ML AMP (Pavulon)	4.65
SUCCINYLCHOLINE CL 1000MG INJ BT (Anectine)	3.08
SUCCINYLCHOLINE CL 20MG/ML VI 10ML (Anectine)	1.40
TUBOCURARINE 3MG/ML INJ.. 10ML VIAL	4.00
VECURONIUM BROMIDE 1MG/ML - 10ML VIAL (Norcuron)	10.97
• • • ANTIGOUT AGENTS (MS400) • • •	
ALLOPURINOL 100MG TAB (Zyloprim)	0.06
ALLOPURINOL 100MG TAB U/D (Zyloprim) •• INPATIENT USE ONLY	0.06
ALLOPURINOL 300MG TAB (Zyloprim)	0.17

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
ALLOPURINOL 300MG TAB U/D (Zyloprim) ** INPATIENT USE ONLY	0.15
COLCHICINE 0.6MG TAB	0.01
COLCHICINE 0.6MG TAB U/D ** INPATIENT USE ONLY	0.03
PROBENECID 500MG TAB (Benemid)	0.03
PROBENECID 500MG TAB U/D (Benemid) ** INPATIENT USE ONLY	0.13
* * * DECONGESTANTS.NASAL (NT100) * * *	
PHENYLEPHRINE 0.25% NASAL SOLN. 15ML (Neo Synephrine) ** (PR-4) NO REFILLS	3.50
PHENYLEPHRINE 0.25% NASAL SPRAY. 15ML (Neo Synephrine) ** (PR-4) NO REFILLS	2.34
PHENYLEPHRINE 1% NASAL SOLN. 15ML (Neo Synephrine) ** (PR-4) NO REFILLS	2.50
PHENYLEPHRINE 1% NASAL SPRAY. 15ML (Neo Synephrine) ** (PR-4) NO REFILLS	2.86
* * * ANESTHETICS.MUCOSAL (NT300) * * *	
LIDOCAINE 2% VISCOUS. 100ML BTL (Xylocaine Viscous) (Baylocaine) ** ORAL SOLUTION	1.79
LIDOCAINE 2% VISCOUS. 20ML BTL (Xylocaine Viscous) (Baylocaine) ** ORAL SOLUTION	0.76
LIDOCAINE 4% TOPICAL SOLUTION 50ML BTL (Xylocaine)	6.43
* * * NASAL AND THROAT.TOPICAL.OTHER (NT900) * * *	
PHENOL-SODIUM PHENOLATE GARGLE 360ML BT (Chloraseptic Gargle) ** FOR INPATIENT USE ONLY	3.94
* * * BETA-BLOCKERS (CP101) * * *	
METAXOLOL 0.5% OPTH SOLN. 10ML BT. (Betoptic)	10.60

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
LEVOBUNOLOL 0.5% OPHTH SOLN 5ML BTL (Betagan)	6.32
TIMOLOL 0.25% OPTH SOLN. 10ML BT (Timoptic)	19.62
TIMOLOL 0.25% OPTH SOLN. 5ML BT (Timoptic)	7.56
TIMOLOL 0.5% OPTH SOLN. 10ML BTL (Timoptic)	17.88
TIMOLOL 0.5% OPTH SOLN. 5ML BT (Timoptic)	9.67
• • • MIOTICS (OP102) • • •	
ECHOTHIOPHATE IODIDE 0.125% OPH SOLN 5ML (Phospholine Iodide)	7.84
ECHOTHIOPHATE IODIDE 0.25% OPH SOLN 5ML (Phospholine Iodide)	5.20
PHYSOSTIGMINE 0.5% OPH SOLN. 15ML (Isopto Eserine)	2.89
PILOCAR/PHYSOSTIG 2%/0.25% OPH SOL 15ML (Isopto P-E3)	4.65
PILOCARPINE 0.5% OPH SOLN. 15ML (Pilocar) (Isopto Carpine)	0.83
PILOCARPINE 1% OPH SOLN. 15ML (Pilocar) (Isopto Carpine)	0.69
PILOCARPINE 1% OPH SOLN. 1ML DROPPETTE (Pilocar) (Isopto Carpine)	0.61
PILOCARPINE 2% OPH SOLN. 15ML (Pilocar) (Isopto Carpine)	0.98
PILOCARPINE 2% OPH SOLN. 1ML DROPPETTE (Pilocar) (Isopto Carpine)	0.88
PILOCARPINE 3% OPH SOLN. 15ML (Pilocar) (Isopto Carpine)	1.31
PILOCARPINE 4% OPH SOLN. 15ML (Pilocar) (Isopto Carpine)	0.89
PILOCARPINE 5% OPH SOLN. 15ML (Pilocar) (Isopto Carpine)	1.75
PILOCARPINE 6% OPH SOLN. 15ML (Pilocar) (Isopto Carpine)	1.67
• • • ADRENERGICS (OP103) • • •	
DIPIVEFRIN HCL 0.1% OPHTH SOLN 10ML BTL (Propine)	7.84

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
EPINEPHRINE 1% OPH. 1ML DROPPETTE	0.73
EPINEPHRINE BITARTRATE OPTH 2% 7.5ML BT (Epitrate)	2.99
EPINEPHRINE BORATE OPHTH 0.5% 7.5ML BT (Epsy N) (Epinal)	3.53
EPINEPHRINE BORATE OPHTH 1%. 7.5ML BT (Epsy N) (Epinal)	2.09
• • • ANTIBACTERIALS (OP201) • • •	
GENTAMICIN SULF 3MG/GM OPH OINT 3.5GM (Garamycin Ophth)	2.07
GENTAMICIN SULF 3MG/ML OPH SOL 5ML (Garamycin Ophth)	0.72
NEOMYCIN-POLY-BACI 3.5GM OPH OINT (Neosporin Ophth)	1.12
NEOMYCIN-POLY-GRAMICIDIN OPH SOLN 10ML (Neosporin Ophth)	1.10
POLYMYXIN-BACITRACIN OPH OINT 3.5GM TUBE (Polysporin Ophth)	6.55
SULFACETAMIDE SOD 10% OPH SOLN 15ML (Sulamyd) (Bl Sul) (Bleph 10)	1.10
TETRACYCLINE 1% OPH OINT 3.5GM (Achromycin)	4.82
• • • ANTIVIRALS (OP203) • • •	
TRIFLURIDINE 1% OPTH SOLN 7.5ML (Viroptic)	17.71
VIDARABINE 3% OPTH OINT 3.5GM (Vira A)	6.40
• • • ANTI-INFLAMMATORY.OPHTHALMIC (OP300) • • •	
DEXAMETHASONE OPHTH OINT 0.05% 3.5G (Decadron)	1.76
FLUOROMETHOLONE OPH SOLN 15ML (F.M.L.)	5.35
MEDRYSONE OPH SOLN 5ML (H.M.S. Liquifilm)	3.82
PREDNISOLONE ACET 0.12% OPHTH SUSP 10ML (Pred Mild)	3.04
PREDNISOLONE ACET 1% OPHTH SUSP 10ML (Pred Forte) (Econopred Plus)	2.00
• • • ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS (OP350) • • •	
NEOMYCIN-DEXAMETH 0.05% OPH OINT 3.5GM (Neo Decadron)	2.39

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
NEOMYCIN-DEXAMETH 0.1% OPH SOLN 5ML (Neo Decadron)	5.31
NEOMYCIN-POLY-HC OPH SUSP 7.5ML (Cortisporin Ophth)	7.50
NEOMYCIN-POLYMYX-DEXAMETH 3.5GM OPH OINT (Maxitrol) (Ak Trol)	1.60
NEOMYCIN-POLYMYX-DEXAMETH 5ML OPH SUSP (Maxitrol) (Ak Trol)	2.65
SULFACETAMIDE-PREDNISOLONE OPH SUSP 10ML (Blephamide)	2.69
• • • EYE WASHES/LUBRICANTS (OP300) • • •	
ARTIFICIAL TEARS OPHTH SOLN 30ML (Tears Plus)	5.25
BALANCED SALT SOLN OPHTH. 15ML BTL (B.S.S.)	4.65
BALANCED SALT SOLN OPHTH. 500ML BTL (B.S.S.)	18.20
OCULAR LUBRICANT OINT 3.5GM TUBE (Lacrilube) (Akwa Tears) (Duratears)	0.68
TYLOXAPOL/BENZ CHL OPHTH. 15ML BTL (Enuclene)	4.40
• • • MYDRIATICS/CYCLOPLEGICS (OP600) • • •	
ATROPINE SULFATE 1% OPHTH SOLN 15ML	1.29
ATROPINE SULFATE 1% OPHTH. SOLN 1ML	1.67
ATROPINE SULFATE 2% OPH SOLN. 2ML	2.33
ATROPINE SULFATE 2% OPH. SOLN. 1ML	0.61
CYCLOPENTOLATE 1% OPH SOL 2ML DROPPETTE (Cyclogyl)	3.12
CYCLOPENTOLATE 1% OPH SOLN 15ML BTL (Cyclogyl)	3.98
CYCLOPENTOLATE 2% OPH SOL 2ML DROPPETTE (Cyclogyl)	3.75
CYCLOPENTOLATE 2% OPH SOL 5ML BTL (Cyclogyl)	6.90
HOMATROPINE OPHTH 2%. 15ML BTL (Isopto Homatropine)	1.15
HOMATROPINE OPHTH 2%. 1ML DROPPETTE (Isopto Homatropine)	0.65

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
HOMATROPINE OPHTH 5%. 15ML BTL (Isopto Homatropine)	1.30
HOMATROPINE OPHTH 5%. 1ML DROPPETTE (Isopto Homatropine)	0.73
PHENYLEPHRINE HCL 10% OPTH SOLN 1ML	7.28
PHENYLEPHRINE OPHTH 10% 5ML BTL (Neo Synephrine) (Mydfrin) (Ak Dilate) (Isopto Frin)	1.12
PHENYLEPHRINE OPHTH 2.5% 15ML BT (Neo Synephrine) (Mydfrin) (Ak Dilate) (Isopto Frin)	1.38
PHENYLEPHRINE OPHTH 2.5% 5ML BTL (Neo Synephrine) (Mydfrin) (Ak Dilate) (Isopto Frin)	1.40
SCOPOLAMINE OPTH. 0.25%. 15ML BTL	4.00
TROPICAMIDE OPHTH 0.5%. 15ML BTL (Tropicacyl) (Mydriacyl)	3.77
TROPICAMIDE OPHTH 1%. 15ML BTL (Tropicacyl) (Mydriacyl)	1.98
• • • ANESTHETICS.OPHTHALMIC (OP700) • • •	
PROPARACAINE 0.5% OPH SOLN 15ML (Alcaine) (Ophthaine) (Ak Thaine)	0.96
TETRACAINE 0.5% OPH SOLN 2ML (Pantocaine)	2.33
• • • DECONGESTANTS.OPHTHALMIC (OP800) • • •	
NAPHAZOL/ANTAZOL 0.05%/0.5% OPTH 15ML BT (Vasocon A)	2.01
NAPHAZOLINE 0.1% OPH SOL. 15ML BT (Vasocon) (Ak Con) •• (FR-4) NO REFILLS	1.35
ZINC SUL 0.25%/PHENYLEPH 0.12% OPTH 15ML (Zincfrin) •• (FR-4) NO REFILLS	1.58

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
• • • OPHTHALMIC.OTHER (OF900) • • •	
ACETYLCHOLINE CHLORIDE 20MG/2ML OPH SOLN (Miochol)	8.69
CARBACHOL 1.5% OPH SOLN 15ML (Isopto Carbachol)	5.23
CHYMOTRYPSIN 750U/VIAL. OPHTH (Alpha Chymar) (Zolyse)	21.36
SODIUM CHLORIDE 5% OPH SOLN 15ML BTL (Absorbonac)	6.50
SODIUM CHLORIDE 5% OPHTH OINT 3.5GM TU (Absorbonac)	2.43
• • • MOUTHWASHES (OR500) • • •	
CETYLPYRIDINIUM CL 0.05%. 720ML BT (Cepacol) ** RESTRICTED TO DENTAL SERVICE (STOCK)	2.49
• • • DENTAL AND ORAL AGENTS.TOPICAL.OTHER (OR900) • • •	
BENZOCAINE 20% GEL 30ML (Hurricaine)	3.38
CHLORHEXIDINE ORAL RINSE SOLN (Peridex) ** RESTRICTED TO DENTAL SERVICE AND CHARLES MARSHALL, MD (PR-1)	0.04
TRIAMCINOLONE DENTAL PASTE 0.1%. 5GM TU (Kenalog Orabase)	3.15
• • • ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS (OT250) • • •	
ACETIC ACID 2%/HC OTIC SOLN 10ML BT (Vosol H.C.)	9.89
NEOMYCIN-POLY-HC OTIC 10ML SOLN (Cortisporin Otic)	2.40
NEOMYCIN-POLY-HC OTIC 10ML SUSP (Cortisporin Otic)	2.88
• • • CERUMINOLYTICS (OT300) • • •	
CARBAMIDE PEROX OTIC SOLN 6.5%. 15ML BT (Debrox Otic) ** (PR-4) NO REFILLS	2.90
• • • ANALGESICS.OTIC (OT400) • • •	
BENZOCAINE 1.4%/ANTIPYR 5.4% OTIC 15ML BT (Auralgan)	1.89
• • • PHARMACEUTICAL AIDS/REAGENTS (PH000) • • •	
ACETONE SOL 480 BTL	1.59

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
ALCOHOL DEHYDROGENATED 20.000ML DRUM	15.99
ALCOHOL DEHYDROGENATED 480ML BOTTLE	0.76
CITR. ACID/GLUCONOLACT. 300GM POWD JAR (Renacidin)	19.70
COAL TAR SOL. 500ML BTL	6.20
GRAPE SYRUP 378ML BTL	4.10
IODINE SOL. 5% BTL. (Lugols Solution) ** REQUIRES 24 HOUR NOTICE FOR COMPOUNDING	2.00
LACTOSE POWDER 454GM BOTTLE	13.25
MAGNESIUM SULFATE CRYSTALS 480GM (Epsom Salt) ** (FR-4) NO REFILLS	0.62
ORANGE SYRUP CONC. 378ML BTL (Fanta Orange)	6.10
PHENOL USP CRYSTALS 454 GM JAR	11.65
PODOPHYLLIN RESIN 500GM JAR	199.95
RESORCINOL CRYSTALS 454GM BOTTLE	3.00
SALICYLIC ACID POWDER 454GM JAR	5.90
SODIUM BICARBONATE POWDER 113GM BTL.	1.06
SODIUM CHLORIDE 0.9% INJ., 10ML VIAL	0.20
SODIUM CHLORIDE 0.9% INJ., 30ML MDV	0.55
SODIUM CHLORIDE 0.9%, 5ML VIAL ** DISPOS-A-VIAL, FOR IPPB	0.10
SODIUM HYPOCHLORITE PWDR. 2270GM CAN ** FOR COMPOUNDING DAKIN'S SOLN	44.50
UREA POWDER 454GM JAR	14.25
VIALS, STERILE EMPTY 10CC	0.42
VIALS, STERILE EMPTY 2ML DOSETTE	0.36
WATER BACTERIOSTATIC FOR INJ 30ML MDV	0.56

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
WATER FOR INJ BOTTLE 250ML	4.46
WATER FOR INJ BOTTLE 500ML	1.00
WATER FOR INJ VIAL 100ML	1.19
WATER FOR INJ VIAL 10ML	0.27
WATER FOR IRRIG. 500ML BTL.	1.29
WATER STERILE FOR INHALATION 5ML	0.11
• • • ANTI-INFLAMMATORY.INHALATION (RE101) • • •	
BECLOMETHASONE DIPRO NASAL INH 16.8GM (Vancenese) (Beconase)	3.95
BECLOMETHASONE DIPRO ORAL INH 16.8GM (Vanceril) (Beclovent)	4.03
TRIAMCINOLONE ACET ORAL INH (240 DOSES) (Azmacort)	4.49
• • • BRONCHODILATORS.INHALATION (RE102) • • •	
ALBUTEROL INHALER 17GM (200DOSES) (Proventil) (Ventolin)	4.72
EPINEPHRINE INH. 1:100. 7.5ML BOTTLE	3.83
ISOETHARINE SOL 1% 10ML BOTTLE (Bronkosol)	1.62
ISOPROTERENOL 1:200 INH SOLN. 10ML BTL (Isuprel)	6.14
ISOPROTERENOL HCL AEROSOL 15ML BT (Isuprel)	1.92
ISOPROTERENOL SULF AEROSOL 22.5ML BTL (Medihaler Iso)	4.16
METAPROTERENOL 5% INH SOLN. 10ML BT (Alupent)	2.50
METAPROTERENOL AEROSOL 15ML (300 DOSES) (Alupent)	2.37
• • • BRONCHODILATORS.SYMPATHOMIMETIC (RE103) • • •	
METAPROTERENOL SULF 10 MG TAB U/D (Alupent) ** INPATIENT USE ONLY	0.06
METAPROTERENOL SULF 10MG TAB (Alupent)	0.04

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
METAPROTERENOL SULF 20MG TAB U/D (Alupent) ** INPATIENT USE ONLY	0.07
METAPROTERENOL SULF 20MG TAB (Alupent)	0.05
TERBUTALINE 1MG/ML INJ 1ML (Brethine) (Bricanyl)	0.48
TERBUTALINE 2.5MG TAB (Brethine) (Bricanyl)	0.03
TERBUTALINE 2.5MG TAB U/D (Brethine) (Bricanyl) ** INPATIENT USE ONLY	0.03
TERBUTALINE 5MG TAB (Brethine) (Bricanyl)	0.02
TERBUTALINE 5MG TAB U/D (Brethine) (Bricanyl) ** INPATIENT USE ONLY	0.03
* * * BRONCHODILATORS.XANTHINE (RE104) * * *	
AMINOPHYLLINE INJ 25MG/ML. 10ML VIAL	1.90
AMINOPHYLLINE INJ. 25MG/ML. 10ML VIAL	1.40
PIRBUTEROL ACET AEROSOL INH 25.6GM (Maxair) ** LIMITED TO ONE CANNISTER PER FILL	5.25
THEOPHYLLINE IV 800MG/1000ML D5W	3.40
THEOPHYLLINE ORAL SOL 160MG/30ML U/D ** INPATIENT USE ONLY	0.26
THEOPHYLLINE ORAL SOL. 80MG/15 ML U/D ** INPATIENT USE ONLY	0.15
THEOPHYLLINE SR 100MG CAP (THEO-24) (Theo 24)	0.02
THEOPHYLLINE SR 100MG CAP U/D (Theo 24) ** INPATIENT USE ONLY	0.02
THEOPHYLLINE SR 200MG CAP (THEO-24) (Theo 24)	0.04
THEOPHYLLINE SR 200MG CAP U/D (Theo 24) ** INPATIENT USE ONLY	0.03

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
THEOPHYLLINE SR 200MG TAB (Theodur)	0.03
THEOPHYLLINE SR 200MG TAB U/D (Theodur) •• INPATIENT USE ONLY	0.05
THEOPHYLLINE SR 300MG CAP (THEO-24) (Theo 24)	0.04
THEOPHYLLINE SR 300MG CAP U/D (Theo 24) •• INPATIENT USE ONLY	0.05
THEOPHYLLINE SR 300MG TAB (Theodur)	0.03
THEOPHYLLINE SR 300MG TAB U/D (Theodur) •• INPATIENT USE ONLY	0.05
• • • BRONCHODILATORS,ANTICHOLINERGIC (RE108) • • •	
IPRATROPIUM BR 14GM/AERO INH	10.42
• • • ANTIASTHMA,OTHER (RE109) • • •	
CROMOLYN METERED DOSE SPRAY 112 DOSES (Intal)	16.93
• • • DECONGESTANTS,SYSTEMIC (RE200) • • •	
PSEUDOEPHEDRINE 60MG TAB (Sudafed)	0.02
PSEUDOEPHEDRINE 60MG TAB U/D (Sudafed) •• INPATIENT USE ONLY	0.04
• • • ANTITUSSIVES/EXPECTORANTS (RE300) • • •	
BENZONATATE 100MG CAP (Tessalon) •• (FR-4)	0.14
BENZONATATE 100MG CAP U/D (Tessalon) •• (FR-4)	0.16
GUAIFENESIN DM SYRUP 120ML BT (Robitussin DM)	1.42
GUAIFENESIN DM SYRUP 5ML U/D	0.22
GUAIFENESIN SYR. 100MG/5ML. 120ML BTL (Robitussin) •• (FR-4) NO REFILLS	0.56
GUAIFENESIN SYR. 100MG/5ML. 5ML U/D (Robitussin) •• INPATIENT ONLY	0.12

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
• • • MUCOLYTICS (RE400) • • •	
ACETYLCYSTEINE SOL. 20%, 10ML VIAL (Mucomyst)	7.45
ACETYLCYSTEINE SOL. 20%, 30ML VIAL (Mucomyst)	15.32
• • • ANTIHISTAMINE/DECONGESTANT (RE501) • • •	
BROMPHEN/PPA EXTENTAB U/D (Dimetapp) •• INPATIENT USE ONLY	0.22
BROMPHEN/PPA EXTENTAB (Dimetapp) •• [FR-4] NO REFILLS	0.20
TRIPROLIDINE/ PSEUDOEPHEDRINE TAB U/D (Actifed) •• INPATIENT USE ONLY	0.11
TRIPROLIDINE/PSEUDOEPHEDRINE TAB (Actifed) •• [FR-4] NO REFILLS	0.09
• • • COUGH COMBINATIONS (RE502) • • •	
DIABETIC COUGH MIXT, 120ML BTL (Cerose D.M.) •• [FR-4] NO REFILLS	4.76
PHENYLPROPANOLAMINE DM 120ML BT (Triaminic D.M.) •• NON-ALCOHOLIC [FR-4] NO REFILLS	1.92
• • • RESPIRATORY,OTHER (RE900) • • •	
DOXAPRAM HCL 20MG/ML INJ VIAL 20ML (Dopram)	8.35
• • • ANTIINFLAMMATORY (RS100) • • •	
HYDROCORTISONE CR 1% 30GM REC TUBE (Proctocort)	4.55
HYDROCORTISONE ENEMA 100MG/60ML BTL (Cortenema)	1.96
• • • HEMORRHOIDAL PREPARATIONS (RS200) • • •	
HEMORRHOIDAL PADS 100/JAR (Tucks)	2.04
HEMORRHOIDAL SUPPOSITORIES (Anusol Suppositories) •• INPATIENT USE ONLY	0.05
HEMORRHOIDAL SUPPOSITORIES/HYDROCORT (Anusol H.C.)	0.56
• • • LAXATIVES,RECTAL (RS300) • • •	
BISACODYL 10MG SUPP (Dulcolax)	0.04

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
BISACODYL 37ML ENEMA (Dulcolax)	0.65
GLYCERIN ADULT RECTAL SUPPOSITORIES •• (FR-4) NO REFILLS	0.30
MINERAL OIL ENEMA 135ML •• (FR-4) NO REFILLS	0.86
SODIUM PHOSPHATE ENEMA 133ML (Fleet Enema)	0.38
• • • RECTAL,LOCAL,OTHER (RE900) • • •	
PERI-ANAL CREAM 60GM TUBE (Diaparene)	1.37
• • • IV SOLUTIONS W/O ELECTROLYTES (TN101) • • •	
ALCOHOL 5%/DEXTROSE 5% BOTTLE 1000ML	8.60
DEXTROSE 10% BTL 1000ML	1.24
DEXTROSE 10%/NACL 0.45% BTL 1000ML	1.92
DEXTROSE 10%/NACL 0.9% BTL 1000ML	1.59
DEXTROSE 5% BAG 1000ML	0.82
DEXTROSE 5% BAG 100ML	1.26
DEXTROSE 5% BAG 250ML	0.69
DEXTROSE 5% BAG 500ML	0.68
DEXTROSE 5% BAG 50ML	1.26
DEXTROSE 5% BOTTLE 250ML	0.92
DEXTROSE 5%/NACL 0.2% BAG 1000ML	0.90
DEXTROSE 5%/NACL 0.45% BAG 1000ML	0.86
DEXTROSE 5%/NACL 0.9% BAG 1000ML	0.90
SODIUM CHLORIDE 0.45%, 1000ML IV BAG	1.24
SODIUM CHLORIDE 0.9%, 100ML IV BAG	0.93
SODIUM CHLORIDE 0.9%, 50ML IV BAG	0.93

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
SODIUM CHLORIDE IV 0.9% 1000ML BAG	0.75
SODIUM CHLORIDE IV 0.9% 500ML BAG	0.66
SODIUM CHLORIDE IV 0.9%, 250ML BOTTLE	0.95
• • • IV SOLUTIONS WITH ELECTROLYTES (TN102) • • •	
DEXTROSE 5%/0.2NS/KCL 20MEQ BAG 1000ML	1.59
DEXTROSE 5%/0.2NS/KCL 30MEQ BAG 1000ML	1.59
DEXTROSE 5%/0.45NS/KCL 20MEQ BAG 1000ML	1.45
DEXTROSE 5%/0.45NS/KCL 30 MEQ BAG 1000ML	1.59
LACTATED RINGERS 1000ML IV BAG	0.96
LACTATED RINGERS/DEX 5%, 1000ML IV BAG	1.01
RINGERS SOLN. 1000ML IV BAG	1.92
• • • PARENTERAL NUTRITION SOLUTIONS/KITS (TN103) • • •	
AMINO ACID 8.5% BOTTLE 500ML (Freamine)	8.28
• • • LIPID SUPPLEMENTS (TN300) • • •	
FAT EMULSION 20% 250ML BTL (Soyacal) (Intralipid)	0.70
• • • ELECTROLYTES.INJECTION (TN401) • • •	
AMMONIUM CL. INJ. 5MEQ/ML. 20ML VIAL	2.88
CALCIUM CHLORIDE INJ 10%, 10ML VIAL	0.55
CALCIUM CHLORIDE INJ. 10%, 10ML SYRINGE	1.39
CALCIUM GLUCONATE INJ. 10%, 10ML APP	0.75
HYPERLITE INJ. 20ML VIAL	0.28
MAGNESIUM SULFATE INJ 1GM/2ML(50%) - 2ML	0.28
POTASSIUM ACETATE 2MEQ/ML INJ..20ML VIAL	0.53
POTASSIUM CHLORIDE 2MEQ/ML INJ 20ML VIAL	0.22

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
POTASSIUM CHLORIDE 3MEQ/ML INJ 30ML VL	0.38
POTASSIUM PHOSPHATE 3MM/ML INJ. 5ML VIAL	0.38
SODIUM ACETATE INJ. 2MEQ/ML. 20ML VIAL	0.53
SODIUM BICARB 7.5% (44.6MEQ) INJ 50ML VL	0.65
SODIUM BICARBONATE 44.6MEQ/50ML SYRINGE	2.28
SODIUM CHLORIDE INJ. 4MEQ/ML. 30ML VIAL	1.84
SODIUM CHLORIDE IV 3%. 500ML BOTTLE	0.83
SODIUM CHLORIDE IV 5%. 500ML BAG	0.73
SODIUM LACTATE INJ. 5MEQ/ML. 10ML VIAL	1.46
SODIUM PHOSPHATE INJ. 3MM/ML. 15ML VIAL	1.90
* * * ELECTROLYTES.ORAL (TN402) * * *	
CALCIUM CARB/VIT.D 250MG/125 IU TAB U/D (Oscal) ** INPATIENT USE ONLY	0.05
CALCIUM CARB/VIT.D 250MG/125 IU TAB (Oscal)	0.04
CALCIUM CARBONATE 650MG TAB	0.02
CALCIUM CARBONATE 650MG TAB U/D ** INPATIENT USE ONLY	0.04
NEUTRA-PHOS 1.25GM CAP	0.06
NEUTRA-PHOS 1.25GM CAP U/D ** INPATIENT USE ONLY	0.08
POTASSIUM CHLORIDE 10 MEQ MAX-MATRIX TAB (K Tab)	0.01
POTASSIUM CHLORIDE 10MEQ MAX-MAT TAB U/D (K Dur) ** INPATIENT USE ONLY	0.02
POTASSIUM CHLORIDE 20 MEQ MAX-MATRIX TAB (K Dur)	0.03
POTASSIUM CHLORIDE 20MEQ MAX-MAT TAB U/D (K Dur)	0.03
POTASSIUM CHLORIDE 20MEQ/PACK (K Lor)	0.03

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
SOD CITRATE/CITRIC ACID 500MG/334 MG/5CC (Bicitra)	0.01
SODIUM BICARBONATE 325MG TAB	0.01
SODIUM BICARBONATE 325MG TAB U/D ** INPATIENT USE ONLY	0.03
SODIUM BICARBONATE 650MG TAB	0.02
SODIUM BICARBONATE 650MG TAB U/D ** INPATIENT USE ONLY	0.03
* * * TRACE MINERALS (TN403) * * *	
TRACE ELEMENT 1ML VIAL	0.59
ZINC SULFATE 220MG CAP	0.02
ZINC SULFATE 220MG CAP U/D ** INPATIENT USE ONLY	0.04
* * * THERAPEUTIC NUTRIENTS/SOLUTIONS, OTHER (TN900) * * *	
DEXTROSE 20% BTL 500ML	7.31
DEXTROSE 20% BTL 500ML (PARTIAL FILL)	3.64
DEXTROSE 40% BTL 500ML (PARTIAL FILL)	4.38
DEXTROSE 50% BTL 500ML (PARTIAL FILL)	2.30
DEXTROSE 70% BTL 500ML (PARTIAL FILL)	3.99
L-TRYPTOPHAN 1GM TAB U/D (Trofan D.S.) ** INPATIENT USE ONLY	0.42
L-TRYPTOPHAN 500MG TAB	0.09
L-TRYPTOPHAN 500MG TAB U/D ** INPATIENT USE ONLY	0.11
* * * VITAMIN A (VT050) * * *	
VITAMIN A 50,000 IU CAP (Aquasol)	0.17
VITAMIN A 50,000 IU CAP U/D (Aquasol) ** INPATIENT USE ONLY	0.19

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
• • • CYANOCOBALMIN (B-12) (VT100) • • •	
CYANOCOBALAMIN 1000MCG/ML INJ 10ML VIAL	1.60
CYANOCOBALAMIN INJ. 1000MCG/ML. 1ML VI	5.84
• • • FOLIC ACID/CITROVORUM (VT130) • • •	
FOLIC ACID 1MG TAB (Folvite)	0.06
FOLIC ACID 1MG TAB U/D (Folvite) •• INPATIENT USE ONLY	0.10
FOLIC ACID 5MG/ML INJ. 10ML VIAL (Folvite)	6.15
LEUCOVORIN CA 25MG TAB (Wellcovorin) •• RESTRICTED TO HEME-ONC OR ID (FR-2)	23.52
LEUCOVORIN CA 25MG TAB U/D (Wellcovorin) •• INPATIENT USE ONLY (HEME-ONC OR ID) (FR-2)	23.54
LEUCOVORIN CA 3MG/ML INJ AMP 1ML (Wellcovorin)	4.52
LEUCOVORIN CA 50MG INJ VIAL (Wellcovorin)	47.52
LEUCOVORIN CA 5MG TAB (Wellcovorin) •• RESTRICTED TO HEME-ONC OR ID (FR-2)	4.72
LEUCOVORIN CA 5MG TAB U/D (Wellcovorin) •• INPATIENT USE ONLY (HEME-ONC OR ID) (FR-2)	4.74
• • • NICOTINIC ACID (VT200) • • •	
NICOTINIC ACID 100MG TAB	0.01
NICOTINIC ACID 100MG TAB U/D (Niacin) •• INPATIENT USE ONLY	0.02
NICOTINIC ACID 400MG SA CAP (Nico 400)	0.02
NICOTINIC ACID 400MG SA CAP U/D	0.07
• • • PYRIDOXINE (B-6) (VT250) • • •	
PYRIDOXINE 25MG TAB	0.01
PYRIDOXINE 25MG TAB U/D •• INPATIENT USE ONLY	0.03

GENERIC name (TRADE NAME)	DISPENSE UNIT PRICE
PYRIDOXINE 50MG TAB	0.01
PYRIDOXINE 50MG TAB U/D ** INPATIENT USE ONLY	0.03
PYRIDOXINE INJ. 100MG/ML. 10ML VI	2.39
* * * THIAMINE (B-1) (VT300) * * *	
THIAMINE 100MG TAB	0.01
THIAMINE 100MG TAB U/D ** INPATIENT USE ONLY	0.03
THIAMINE INJ. 100MG/ML. 30ML VIAL	1.17
* * * ASCORBIC ACID (VITAMIN C) (VT400) * * *	
ASCORBIC ACID 100MG/ML ORAL SOLN	2.71
ASCORBIC ACID 500MG TAB	0.01
ASCORBIC ACID 500MG TAB U/D ** INPATIENT USE ONLY	0.03
ASCORBIC ACID INJ. 1000MG/10ML AMP	1.12
ASCORBIC ACID INJ. 100MG/2ML AMP	0.45
* * * VITAMIN D ACTIVITY (VT500) * * *	
CALCITRIOL 0.25MCG CAP (Rocaltrol)	0.46
CALCITRIOL 0.25MCG CAP U/D (Rocaltrol) ** INPATIENT USE ONLY	0.45
ERGOCALCIFEROL 50,000U (1.25MG) CAP U/D (Deltalin) ** INPATIENT USE ONLY	0.07
ERGOCALCIFEROL 50,000U(1.25MG) CAP (Deltalin)	0.05
* * * VITAMIN K (VT700) * * *	
MENADIOL SOD DIPHO 10MG/ML AMP 1ML (Synkavite)	1.02
MENADIOL SOD DIPHO 37.5MG/ML AMP 2ML (Synkavite)	1.41
PHYTONADIONE 5MG TAB (Mephyton)	0.21

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PHYTONADIONE 5MG TAB U/D (Mephyton) •• INPATIENT USE ONLY	0.21
PHYTONADIONE INJ 10MG/ML VIAL 1ML (Aquaephyton)	2.37
• • • MULTI-VITAMINS (VT603) • • •	
MULTIVITAMIN (HEXAVITAMIN) TAB U/D •• INPATIENT USE ONLY	0.04
MULTIVITAMIN INJ VIAL 5ML (M.V.I.)	0.36
MULTIVITAMIN ORAL SOLUTION 50ML DROPS (Vi Penta) •• INPATIENT ONLY	8.62
VIT. B COMPLEX WITH C CAP (Nephrovite) •• RESTRICTED TO NEPHROLOGY (PR-33	0.04
VIT. B COMPLEX WITH C CAP U/D (Nephrovite) •• INPATIENT USE ONLY (NEPHROLOGY) (PR-33	0.03
VITAMIN B COMPLEX CAP (Trilasyn B)	0.01
VITAMIN B COMPLEX CAP U/D (Trilasyn B) •• INPATIENT USE ONLY	0.03
• • • PADS/BANDAGES (XA100) • • •	
ACE BANDAGE, COT ELASTIC 3IN. ROLL •• (PR-4) NO REFILLS	1.25
ACE BANDAGE, COT ELASTIC 4IN. ROLL •• (PR-4) NO REFILLS	1.40
BANDAGE ROLLER 4IN X 10YDS	0.62
BANDAGE, BURN NET, SIZE 0 X 25 YDS. PK (Burgifix)	2.00
BANDAGE, BURN NET, SIZE 0.5 X 25 YDS. PK (Burgifix)	1.90
BANDAGE, BURN NET, SIZE 1 X 25 YDS. PK (Burgifix)	2.50
BANDAGE, BURN NET, SIZE 2 X 25YDS. PK (Burgifix)	3.05
BANDAGE, BURN NET, SIZE 3 X 25 YDS. PK (Burgifix)	3.95
BANDAGE, BURN NET, SIZE 4 X 25 YDS. PK (Burgifix)	4.75

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
BANDAGE, BURN NET, SIZE 5 1/2X25YDS.PK (Surgifix)	6.30
BANDAGE, BURN NET, SIZE 5 X 25 YDS, PK (Surgifix)	8.75
BANDAGE, BURN NET, SIZE 6 X 25YDS, PK (Surgifix)	8.70
BANDAGE, BURN NET, SIZE 7 X 25 YDS, PK (Surgifix)	11.60
BANDAGE, BURN NET, SIZE 8 X 25 YDS, PK (Surgifix)	13.20
DOME-PASTE 4IN X 360/N EACH (Unnas Boot)	2.07
DRESSING NON-ADHERING ONENS 3X8IN 36/BX	57.07
DRESSING WET 8X8 CURITY 12 PACKS/BOX	12.96
DRESSING WET 8X4IN CURITY SALINE 12/BOX	9.42
DRESSING WET 8X4IN CURITY WATER 12/BOX	8.46
ELASTOPLAST, 3 X 5 YD, EA	0.83
EYE PAD STERILE	0.10
EYE PATCH CLOTH BLACK	0.20
GAUZE, STERI-PAD 4IN 100/BX	11.76
KERLIX 4 1/2 IN ROLL	0.56
NU-GAUZE 1/2IN X 5YDS	1.54
NU-GAUZE STRIP PLAIN 1IN X 5 YD	3.40
NU-GAUZE STRIP PLAIN 2 X 5 YD	3.00
NU-GAUZE, IODOFORM 1/2IN X 5YDS (Iodoform)	3.40
NU-GAUZE, IODOFORM 1IN X 5YDS (Iodoform)	3.88
NU-GAUZE, IODOFORM 2IN X 5YDS (Iodoform)	5.40
PAD, ABDOMINAL 8 X 10IN STERILE	0.18
PAD, ABDOMINAL 8X10IN NON-STERILE	0.22
PAD, NON-ADHESIVE TELFA 3 X 4IN	0.37

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PAD, STERI 4 X 4IN 10/BX	5.75
PETROLATUM GAUZE 3IN X 18IN STERILE	0.30
PETROLATUM GAUZE 5IN X 9IN (XEROFORM) (Xeroform)	4.26
SPONGE GAUZE 2IN X 2IN STERILE 100/PKG	2.56
SPONGE GAUZE 4IN X 4IN 200/PKG	10.20
SPONGE GAUZE 4IN X 4IN 50/BX	1.56
SPONGES (DRAIN) 4 X 4 IN 50/BX	1.55
SURGI-PAD 5 X 9IN 25/BX	5.26
• • • DIAPERS/BED PADS (HA200) • • •	
CHUX PADS 24 X 24IN	0.10
• • • TAPES (HA300) • • •	
ADHESIVE TAPE STRIPS 1-WIDE.100/BX	30.00
ADHESIVE TAPE STRIPS, MED 100/BX	9.45
TAPE ADHESIVE 1/2IN X 10YDS	0.82
TAPE ADHESIVE 1IN X 5YDS	0.42
TAPE ADHESIVE 2IN X 5YDS	0.79
TAPE ADHESIVE 3IN X 10YDS	4.13
TAPE DERMICEL 1IN X 10YDS	1.33
TAPE DERMICEL 2IN X 10YDS	2.66
TAPE DERMICLEAR 1IN X 5YDS	0.57
TAPE HYTAPE 1IN X 5YDS	1.82
TAPE HYTAPE 2IN X 5YDS	3.64
TAPE MICROFOAM 1IN	2.06
TAPE MICROPORE 1IN X 10YDS	0.26

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
TAPE MICROPORE 2IN X 10YDS	3.29
TAPE SCANPORE 1IN	2.63
TAPE TRANSPORE 1IN X 10YDS	0.75
TAPE, STERI STRIP 1/4IN X 3 IN 3/PKG	1.15
* * * CATHETER,RELATED SUPPLIES (XA600) * * *	0.92
BAG LEG LARGE DISPOSABLE (PHARM 4017MP)	
BAG LEG MEDIUM DISPOSABLE 650ML	2.95
CATHETER EXTERNAL URISHAIN CP 7323	1.00
CATHETER FOLEY 14FR 5ML (0165V)	0.94
CATHETER FOLEY 16FR 5ML 336-16	1.87
CATHETER FOLEY 18FR 5ML	1.24
CATHETER FOLEY 20FR 30ML	1.32
CATHETER FOLEY 20FR 5ML	6.00
CATHETER FOLEY 22FR 5ML	1.75
CATHETER SET TRAY 47088	5.00
CATHETER SILASTIC 14FR 5ML 12/5X	1.99
CATHETER SILASTIC 18FR 5ML DOW	36.00
CATHETER SILASTIC 20FR 5ML DOW	3.00
CATHETER SILASTIC 24FR 5ML DOW	5.50
CATHETER, 18FR W/30ML BALLOON	3.00
CATHETER, 22FR W/WHISTLE TIP	5.59
CATHETER, 28FR W/30ML BALLOON	2.55
CATHETER, COUDE 16FR	6.00
	5.50

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CATHETER, COUDE 22FR (0101220)	3.69
CATHETER, EXTERNAL 4IN TUBE 4-3010	0.90
CATHETER, EXTERNAL EACH A-2000-30	0.29
CATHETER, EXTERNAL SIZMO EACH 1020	0.67
CATHETER, EXTERNAL UROSAN EACH 7800	0.79
CATHETER, EXTERNAL UROSAN MALE 707G	0.15
CATHETER, FREEDOM MEDIUM SIZE EACH 8200	1.02
CATHETER, FREEDOM STANDARD SIZE EA 8400	1.92
CATHETER, MALECOT 24FR EACH MB011	6.21
CATHETER, ROBINSON 12FR 16IN 9412 •• 2-EYE BEAK	0.67
CATHETER, ROBINSON 14FR 16IN •• 2-EYE BEAK	2.23
CATHETER, ROBINSON 16FR 16IN 9416 •• 2-EYE BEAK	0.98
CATHETER, ROBINSON 18FR 16IN 9418 •• 2-EYE BEAK	2.29
CATHETER, ROBINSON 20FR 16IN •• 2-EYE BEAK	3.00
CATHETER, SELF-CATH 14FR LONG 450	3.00
CATHETER, SLEEVE & CATH 18FR 50/BX 8918 •• PLASTIC	2.00
CATHETER, URETHRAL PACK 47298	2.15
CEFAZOLIN 50MG/CC OPHTH SOLUTION •• OPHTHALMOLOGY APPROVAL REQUIRED--SPECIAL COMPOUNDING REQ'D	0.01
DRAINAGE SET CLOSED 9/32 IN BARD 154002	0.33
DRAINAGE TUBE URIN LUMEN 3/16X60 0.7517	0.83
DRAINAGE TUBE URIN LUMEN 9/32X60 017519	1.13

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DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
FOAM WRAP W/ADHESIVE FOR EXT CATH	0.08
IRRIGATION TRAY PISTON WELCON 555	0.73
LEG BAG HOLLISTER NO 9805	3.99
LEG BAG MEDIUM UROCARE 9032 ** (FR-4) NON-DISPOSABLE. LIMIT OF 2 BAGS	24.70
LEG BAG UROCARE 9044	24.20
LEG BAG. LARGE DISP-A NO. 150103	2.69
LEG BAG. LONG 2A OZ NO. 9026 ** (FR-4) NON-DISPOSABLE. LIMIT OF 2 BAGS	24.70
LEG BAG. MEDIUM #4015	5.00
LEG BAG. MEDIUM. DISPOZ-A NO. 150102	2.70
MALE URINE COLLECTION SYSTEM (#19)	20.00
STRAP LEG KIT (KAYS 6015) (UROCARE 6350)	6.92
STRAP-LEG AND BUTTON	6.00
STRAPS-LEG BAG H7884	3.12
TUBE INSERTION (SNEER) 7019	3.50
URI-DRAIN TUBE/CONNECTOR	0.85
URINE COLLECTION SYST. 32 OZ BAG	4.50
VALVE. THE LITTLE RED	5.25
* * * OSTOMY BAGS/CONTAINERS (XA5##) * * *	
BAG ILEO CRYOVAC 5 X 12IN CLEAR 3132	0.07
BAG ILEO CRYOVAC 6 X 16IN CLEAR 3162	0.08
BAG ILEOSTOMY. STYLE B 10/BOX 2111	15.88
BAG STOMA POUCH 2IN 30/BX H7284	35.20
BAG. CLEAR CRYOVAC 4 X 12IN 1412 ** DOOR PACER	0.09

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
BAG, CLEAR CRYOVAC 5 X 12IN (1512) ** ODOR PROOF	0.09
BAG, CLEAR CRYOVAC 6 X 12IN 1613 ** ODOR PROOF	0.10
BAG,CLOSED DRAINAGE-ANTIREFLUX #154002	6.61
CLAMP, DRAINAGE BAG HOLLISTER H7765	1.04
COLOPLAST EXTRA SECURITY POUCH #41002	0.30
DRAINABLE POUCH H 2-1/4 IN H3803	1.07
DRAINABLE POUCH H 2-3/4 IN H3804	10.70
DRAINABLE POUCH/FLANGE 4IN H3906	1.07
OSTOMY BAG, BX/30 NO. 7164	19.26
POST-OP BAG NU8257	1.35
POST-OP POUCH 1 3/4 INCH. BX/10	28.45
POST-OP URINARY POUCH, 1 1/2 INCH. 10/BX	28.45
POUCH ACT. LIFE 1IN TRANS 10/BX 0227-65	15.00
POUCH ACTIVE LIFE 1IN 10/BX 0227-51	15.00
POUCH ACTIVE LIFE 3/4 OPAQ 10/BX 0227-57	14.18
POUCH COLOSTOMY/DRN 1 1/2X16 30/BX H7423	40.46
POUCH CONV/ULTRA 1 1/2IN 5/PB 9001-1 1/2	35.00
POUCH CONVEX/ULTRA/SMALL 2IN 5/PB 9001-2	40.00
POUCH DRAIN LONG 3 X 12IN 30/BX H3226	38.02
POUCH DRAIN/FLANGE 1 1/2IN 10/BX H3807	13.30
POUCH DRAIN/FLANGE 1 3/4IN 10/BX H3802	10.25
POUCH DRAIN/FLANGE 2 1/4IN 10/BX H3803	10.25
POUCH DRAIN/MICRO 2 X 16IN 30/BX H3274	15.50

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
POUCH EZ DRAIN LARGE OPAQUE EACH #219-9	2.40
POUCH FILTER SECUR. 2 1/2IN 30/BX H3145	15.80
POUCH HOLLISTER 1 1/2IN 30/BX H4123	32.65
POUCH HOLLISTER 1 3/4IN 30/BX H4129	32.95
POUCH HOLLISTER 1IN 30/BX H4122	32.95
POUCH HOLLISTER 2 1/2IN 30/BX H4125	32.00
POUCH HOLLISTER 2IN 30/BX H4124	25.60
POUCH ILEO. LG ODOR PROOF 5/BX #2564	11.20
POUCH ILEOSTOMY 5/BX #2563	11.0?
POUCH MICRO/KARA/FILTER 30/BX H3329	22.00
POUCH MICRO/KARAYA 1 1/2X12 30/BX H3223	41.31
POUCH MICRO/KARAYA 2 1/2X12 30/BX H3225	31.80
POUCH MICRO/KARAYA 2X12IN 30/BX H3224	33.80
POUCH MICRO/STOM/DRN/KARA 1 1/4X12 30/BX	36.50
POUCH MICRO/STOMA 1 1/4X16 30/BX H3278	32.50
POUCH MICRO/STOMA 1 3/4X16 30/BX H3279	38.75
POUCH MICRO/STOMA/DRN 1 1/4X9 30/BX	24.85
POUCH MICRO/STOMA/DRN 1 3/4X9 30/BX	24.85
POUCH MICROPORE 1 1/2 X 9IN 30/BX	26.40
POUCH MICROPORE 2X9IN 30/BX H3134	32.00
POUCH MICROPORE OPAQUE 1 1/4 X12IN 30/BX	24.75
POUCH MICROPORE OPAQUE 1 3/4 X12IN 30/BX	26.80
POUCH MINI 1 1/2IN 50/BX H7133	15.50
POUCH MINI 2 1/2IN 50/BX	25.75

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DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
POUCH MINI 2IN 50/BX	21.20
POUCH OPAQ CLSD END 1 3/4IN 10/BX 8-21	20.94
POUCH OPAQ CLSD/FLNG 1 1/2 10/BX 025A-20	19.22
POUCH OPAQ/DRN/FLG SURFIT 2 1/4IN 10/BX	1.20
POUCH OPAQ/DRN/FLNG 1 1/2X10 10/BX 56-90	10.97
POUCH OPAQ/DRN/FLNG 1 1/2X12 10/BX 56-40	10.97
POUCH OPAQ/DRN/FLNG 1 1/4X12 10/BX 56-39	10.97
POUCH OPAQ/DRN/FLNG 1 1/4X12 10/BX 56-49	10.45
POUCH OPAQ/DRN/FLNG 1 3/4X10 10/BX 56-91	10.97
POUCH OPAQ/DRN/FLNG 1 3/4X12 10/BX 56-41	10.97
POUCH OPAQ/DRN/FLNG 2 1/4X10 10/BX 56-92	15.50
POUCH OPAQ/DRN/FLNG 2 1/4X12 10/BX 56-42	10.97
POUCH OPAQ/DRN/FLNG 2 3/4X10 10/BX 56-93	10.97
POUCH OPAQUE CLOSED END 10/BX 025A-23	19.22
POUCH POST-OP 1 1/8IN 10/BX NO.8259	28.45
POUCH POST-OP 1IN 10/BX 8258	15.00
POUCH PREMIUM CLOSED 1 1/2IN 15/BX H3583	14.50
POUCH PREMIUM DRAIN 1 1/2IN 15/BX H3603	25.17
POUCH PREMIUM DRAIN 1 1/4IN 15/BX H3608	25.00
POUCH PREMIUM DRAIN 2IN 15/BX H3664	38.94
POUCH STOM/DRN/ADHES 2 1/2X16 30/BX	35.20
POUCH STOM/DRN/KARA/ADHES 1 1/4IN 30/BX	35.20
POUCH STOM/DRN/KARA/ADHES 1 1/2X16 30/BX	32.00
POUCH STOM/DRN/KARA/ADHES 1X16 30/BX	28.00

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
POUCH STOM/DRN/KARA/ADHES 2 1/2X12 30/BX	33.60
POUCH STOM/DRN/KARA/ADHS 1 1/2X12 30/BX	27.00
POUCH STOMA 1 1/2IN 30/BX	20.80
POUCH STOMA 2 1/2IN 30/BX H7165	21.05
POUCH STOMA 2 X 12IN 3?/BX H7224	38.20
POUCH STOMA 2 X 16IN 30/BX H7274	32.00
POUCH STOMA OPAQ 1 1/2X12IN 30/BX H3113	33.25
POUCH STOMA SHORT 2 X 12IN 30/BX	30.20
POUCH STOMA/ADHES 1 3/4 X 12IN 30/BX	30.10
POUCH STOMA/DRAIN 1 1/2 X 16IN 30/BX	33.95
POUCH STOMA/DRAIN 1 3/4IN 30/BX	28.00
POUCH STOMA/DRN/ADHES 3X12IN 30/BX	37.30
POUCH STOMA/DRN/KARAYA 1 3/4X12 30/BX	30.10
POUCH STOMA/DRN/KARAYA 2 1/2X16 30/BX	25.20
POUCH STOMA/KARAYA 3IN 30/BX	32.90
POUCH SURFIT OPAQ/DRN 2 1/4 X 10IN 10/BX	12.57
POUCH SURFIT OPAQ/DRN 2 3/4 X 12IN 10/BX	1.40
POUCH SURFIT TRANSP/DN/FLNG 1 3/4 10/BX	10.66
POUCH SURFIT TRANSP/DN/FLNG 2 3/4 10/BX	15.00
POUCH SURFIT TRANSP/DRN/FLNG 1 1/2 10/BX	10.97
POUCH SURFIT TRANSP/DRN/FLNG 2 1/2 10/BX	10.97
POUCH SURFIT-MINI/FLANGE 2 1/4IN 10/BX	12.14
POUCH UROST DEEP CONV 1 3/8 10/BX 9261DC	42.95
POUCH UROST PREM/FLNG 1 3/4 BOX/10 H3902	15.70

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
POUCH UROST PREM/FLNG 2 1/4 10/BX H3903	1.33
POUCH UROST PREM/FLNG 2 3/4 10/BX H3904	15.90
POUCH UROSTOMY 1 1/4IN NU-8260	23.63
POUCH UROSTOMY 1 1/8 X 16IN 20/BX	18.30
POUCH UROSTOMY 1 X 12IN 30/BX	19.60
POUCH UROSTOMY 1 X 16IN 20/BX	18.30
POUCH UROSTOMY 1IN 10/BX H1475	20.00
POUCH UROSTOMY 20/BX	25.85
POUCH UROSTOMY SURFIT. 1 1/2 INCH. 10/BX	16.10
POUCH UROSTOMY SURFIT. 1 1/4 INCH. 10/BX	16.10
POUCH UROSTOMY SURFIT. 1 3/4 INCH. 10/BX	16.10
POUCH UROSTOMY SURFIT. 2 1/4 INCH. 10/BX	16.10
POUCH UROSTOMY. 2 1/4INCH. 10/BX 0219-58	17.62
POUCH UROSTOMY/KAMA 1 1/4X16 30/BX	27.50
POUCH. DRAIN ACTIVE LIFE 10/BX 0227-71	15.55
POUCH. DRAINABLE 1 1/2 IN 10/BX (9462J)	1.84
POUCH. DRAINABLE OPAQUE 2 X 12IN 30/BX	26.55
POUCH. FILTER SECURITY 2IN 30/BX H3144	13.80
POUCH. FILTER STOMA/ADHES 1 1/2IN 30/BX	28.75
POUCH. FILTER STOMA/ADHES 2IN 30/BX	28.75
POUCH. ILEOSTOMY 20 OZ.	4.11
POUCH. MICROPORE 1 1/2IN 30/BX	24.60
POUCH. MICROPORE 1IN 30/BX H3232	22.30
POUCH. MICROPORE 2 X 9IN 30/BX H3234	15.50

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
POUCH, SECURITY 1 1/2IN 30/BX	19.33
POUCH, SECURITY 1 1/4IN 30/BX	23.44
POUCH, URINARY S/PEG (UNITED) #3206 (Feather Lite)	6.40
STOMA BAG, 1 X 12IN, BX/30	24.90
STOMA BAG, 2IN, BRIEF 9IN, BX/30	26.70
STOMA BAG, DRAINABLE, 1 3/4IN, BX/30	20.00
TORSOY URINE POUCH, 1 INCH B, EACH	1.34
UROSTOMY BAG, 1 X 12IN KARAYA-S, BX/20	25.85
• • • ADMINISTRATION SETS/IV SUPPLIES (XA600) • • •	
NEEDLE DISP, 18 GAUGE 1 1/2 INCH	0.02
NEEDLE DISP, 20 GAUGE 1 1/2 INCH	0.02
NEEDLE DISP, 22 GAUGE 1 1/2 INCH	0.02
NEEDLE DISP, 22 GAUGE 1 INCH	0.02
NEEDLE DISP, 25 GAUGE 5/8IN	0.02
NEEDLE,VENTED 100/BOX	14.30
• • • OSTOMY SUPPLIES,OTHER (XA700) • • •	
ACCUSEAL ADAPTER 0219-15	0.81
ADAPTER, UROSTOMY TUBE (H7331)	1.50
ADHESIVE DOUBLE FACE 3/4IN, PK/10	6.44
ADHESIVE DOUBLE FACE 5/8IN, PK/10	6.40
ADHESIVE REMOVER CAN H7731	3.00
ADHESIVE REMOVER PADS, PK/100	4.93
ADHESIVE REMOVER UNI-SOLVE 960ML	4.39
ADHESIVE SPRAY 180ML H7730	9.62

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
APP BANISH II, 237 ML BTL (Banish)	7.90
BARRIER PROTECT FILM 50/BX BARD 740013	3.50
BELT ADAPTER (HOLLISTER 4203)	0.70
BELT, 1 1/2IN. PLASTIC BUCKLE 2610	3.50
BELT, APPLIANCE 1INCH 2503-00	3.50
BELT, COLOSTOMY 7001	4.50
BELT, ELASTIC ADULT ADJUSTABLE 10-104	9.12
BELT, OSTOMY SUPPORT 4IN, X-LGE 2663	15.00
BELT, OSTOMY SUPPORT, 4IN, LGE 2662	15.30
BELT, OSTOMY SUPPORT, 4IN, MED 2661	15.30
BELT, OSTOMY, LARGE 7299	4.75
BELT, OSTOMY, MED, 1 1/8IN 7300	1.80
BELT, RUBBER 1 IN, PLASTIC BUCKLE 2630	3.95
BELT, SINGLE PANEL, VELCRO 4 IN 2664	16.00
BELT, SUPPORT 2 1/8IN HOLE 2660	15.20
BELT, SUPPORT LRG 44-47IN (6614)	10.00
BELT, SURFIT OSTOMY APPLIANCE 1755	3.11
BELT,HEAVY DUTY 1 1/2IN,PLASTIC BUCKLE	6.90
CAP, REPLACEMENT FOR DISPOZ-A-BAG 601505	0.25
CEMENT FACING 60GM RUTZEN	1.10
CEMENT SKIN BOND 118ML UNITED 4000	3.81
COLON TUBE 28FR NO. 03748	10.00
COLOPLAST DELUXE 1RR19 SET 961001	60.00
COLOPLAST ILEOSTOMY EXTRA (960401)	0.23

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
COLOPLAST INTIB SET FACE PLATE 961012	2.00
COLOPLAST IRRIGATION SLEEVE (961003)	0.41
COLOPLAST SIZE 2 EXTRA NO. 960102	0.71
COLOPLAST SIZE 2 REGULAR NO. 960002	0.60
COLOSET 20 NO. 1809	0.60
COLOSTOMBELT NO. 7046	2.73
COLOSTOMY CONVERSION KIT NO. 6200	12.50
COLOSTOPADS NO. 7043	0.10
COLY-SEAL WAFER 3IN 10/PKG NO. 2224	3.75
COMB. CONE/TUBE IRRIGATOR 1/BOX H7722	15.50
COMB. CONE/TUBE IRRIGATOR 3/BX H7721	12.60
COMB. IRRIGATION SET (KIT) UB151	34.40
CONVEX ROUND FACE PLATE, 7/8 INCH	20.77
COVER, APPLIANCE BEIGE NO. 7037	0.50
COVER, APPLIANCE CLOSED NO. 7726	0.49
COVER, APPLIANCE DRAIN NO. 7720	0.53
DRAIN 2 IN. IRRIGATION, 30/BX H7194	14.80
DRAIN 3 IN. IRRIGATION, 25/BX H7196	13.20
DRAIN 3 IN. IRRIGATION, 30/BX H7724	15.78
FACE PLATE 1 1/2IN FLAT	2.50
FACE PLATE 1 INCH (UNITED) #2451	16.00
FACE PLATE 1 INCH OPENING (MARLEN)	16.15
FACE PLATE 2 1/2IN REG #301-00	9.50
FACE PLATE CONVEX REG SEMI-FLEX 1 IN ** 1", NO HOOK	10.00

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
FACE PLATE FLAT VINYL FLEX 1 IN (MARLEN)	11.00
FACE PLATE, UNIVERSAL (UNITED) #2661	7.50
FILTER FOR DRAIN POUCH H7766	0.15
FLANGE CAP 2 1/4IN. 25/BX 0242-62	0.72
FLANGE FLEXIBLE SURFIT 1 1/4IN 5/PKG	9.87
GREER IRRIGATION KIT 1 1/2IN (6044)	37.00
ILEOSTOMY CONVEX BASE PLATE 1IN	5.00
INSERTS CONVEX 1 1/4 IN SMALL 10/BX 6210	3.85
INSERTS DISP CONVEX SURFIT 1 5/8 10/BX	4.51
INSERTS DISP CONVEX SURFIT 1 1/4 10/BX	4.13
INSERTS DISP CONVEX SURFIT 1 1/8 5/BX	4.50
INSERTS DISP. CONVEX SURFIT 1 1/2 10/BX	4.51
IRRIGATION SET COLOSTOMY 2IN GREER 6076	48.00
IRRIGATION SET COLOSTOMY REG 8151-00	37.00
IRRIGATION SLEEVE 1 3/4IN 10/BX 0242-52	16.50
IRRIGATION SLEEVE 2 1/4IN 5/BX 0242-53	3.30
IRRIGATOR SET, VIBI-FLOW 0227-35	30.00
KARAYA GUM POWDER 75GM UNITED 4060	4.00
KARAYA GUM POWDER, 120GM, EACH	4.85
KARAYA PASTE, TUBE, EACH	0.31
KARAYA POWDER HOLLISTER 75GM (H7905)	3.25
KARAYA PREMIUM PASTE 60GM TUBE (H7930)	3.25
KARAYA SEAL RING 1 1/2IN 20/BX H7373	14.50
KHONSARI NEPHROSTOMY DISC 23FR	2.75

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
LUBRICANT STOMA 120ML H7740	3.50
MOISTURE BARRIER SKIN OINT 75GM (H7230)	3.25
NU-ODOR CONC. 7.5ML BTL (Nilodor)	3.28
O-RING BEAD 2/PKG	7.50
ODO-NAY #100 TABLET BTL	2.65
PADS, COMFORT 12/PKG (UNITED) #2664	0.63
POUCH COVER UNI-MATE #4378	7.54
RING SET, INNER	34.95
RING SET, UPPER	34.95
SKIN BARRIER 5.5 OZ 740014	4.00
SKIN BARRIER HOLLIHESIVE 5/BX H7700	7.00
SKIN BARRIER W/ FLNG 1 1/2IN 5/BX H3707	9.75
SKIN BARRIER W/FLNG 1 1/2IN 5/BX H4413	2.31
SKIN BARRIER W/FLNG 1 3/4IN 10/BX H3702	9.75
SKIN BARRIER W/FLNG 2 1/4IN 5/BX H3703	9.75
SKIN BARRIER, PREMIUM 5/BX H7800	7.66
SKIN BARRIER/FLANGE 2IN H3704	0.93
SKIN BARRIER/FLANGE 4IN H3706	3.01
SKIN BOND ADHESIVE (SKIN-TAC) 120ML #407	5.50
SKIN CARE CREAM 90GM TUBE BARD 740201	5.00
SKIN GEL 30GM TUBE H7916	2.16
SKIN GEL SPRAY H7918	3.50
SKIN GEL WIPES 50/BX H7917	4.59
SKIN PREP 59ML BTL	4.80

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
SKIN PREP SPRAY 120ML UNITED 4202	6.63
SKIN PREP WIPES 50/BX	6.24
SOLVENT TORBOT 480ML BTL	7.00
STARTER SET COMB CONE/TUBE 2IN H7726	25.00
STOMA ADHESIVE, 1 1/4IN. BX/30	25.80
STOMA ADHESIVE, 3IN. BX/30	23.80
STOMA ADHESIVE, BX/30	26.90
STOMA CAP W/FILTER 2IN 30/BX H7183	19.35
STOMA CLOSED, 2IN. 30/BX H7164	19.26
STOMA CONE W/CONNECTOR REPLACEMENT H7723	1.50
STOMA CONE, VIBI-FLOW 0227-36	25.00
STOMA DRAIN COMB. CONE/TUBE 2IN 20/BX	14.80
STOMA DRAIN COMB. CONE/TUBE 3IN 20/BX	15.00
STOMA SEAL 10/BX	2.00
STOMAHESIVE 4X4 5/BX	7.84
STOMAHESIVE PASTE 2 OZ SQ 1839-10	4.76
STOMAHESIVE POWDER 30GM BOTTLE	3.50
SURFIT ACTIVE LIFE POUCH 1 3/4 IN 10/BX	15.08
SURFIT ACTIVE LIFE POUCH 2IN 30/BX	15.08
TUBE, UROSTOMY DRAIN STANDARD (H7328)	3.00
URI-KLEEN DEODORANT/DETERGENT 480ML	6.50
UROSTOMY SYSTEM (VANCE) 501000	34.00
WAFER DURAHESIVE SURFIT 1 1/2IN 5/PKG	15.00
WAFER DURAHESIVE SURFIT 1 3/4IN 5/PKG	15.00

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
WAFER DURAHESIVE SURFIT 2 1/4IN 5/PKG	3.47
WAFER FLEX SURFIT 2 3/4IN 5/BX 0225-24	9.87
WAFER FLEXIBLE SURFIT 1 1/2IN 5/BX	16.18
WAFER FLEXIBLE SURFIT 1 3/4IN 5/BX	10.10
WAFER FLEXIBLE SURFIT 2 1/4IN 5/BX	10.50
WAFER KARAYA 1 1/4X2 1/2 BLANCHARD 10/PG	5.16
WAFER KARAYA 1 X 2IN BLANCHARD 10/PKG	5.16
WAFER KARAYA 3/4 X 2 BLANCHARD 10/PKG	8.95
WAFER KARAYA 7/8 X 2IN BLANCHARD 10/PKG	3.16
WAFER STOMA SURFIT 1 1/2IN 5/PKG	10.30
WAFER STOMA SURFIT 1 1/4IN 5/PKG 0256-05	9.97
WAFER STOMA SURFIT 1 3/4IN 5/PKG	9.97
WAFER STOMA SURFIT 2 1/4IN 5/PKG	9.97
WAFER STOMA SURFIT 2 3/4IN 5/PKG	9.97
* * * SUPPLIES,OTHER (XA800) * * *	
ALCOHOL PAD 100/BX	0.64
BAG GASTRIC FEEDING 20/CS 3518	1.72
BELT SUPPORT 6X2 7/8 LEFT SIDE XL 6603	18.00
BELT SUPPORT 6X2 7/8 RT SIDE MED 6611	16.00
BELT SUPPORT 6X3 LEFT SIDE XL 6603	18.00
BELT SUPPORT LARGE 91N RT SIDE 6642	15.30
BILE BAG	3.25
CATHETER ARGYLE THORACIC 28FR	2.50
CLAMP LARGE CUNNINGHAM 004054	12.90

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CLAMP REGULAR CUNNINGHAM 004053	12.90
COTTON ABSORB STERILE ROLL 4.5MM	7.29
COTTON TIP APPLICATOR, NON-STERILE	0.38
COTTON TIP APPLICATOR, STERILE	0.14
DRAIN CLAMP NO. 1-7001	1.04
DRAIN NIGHT SYSTEM NO. 4001	7.10
DRESSING OP-SITE 5X7.5CM 10/BX (Op Site)	11.05
DRESSING TEGADERM 2 3/8 X 2 3/4IN (Tegaderm)	9.56
DUODERM DRESSING STER 4X4, 5/PK	14.15
ENEMA ADMINISTRATION UNIT DISPOSABLE ** (FR-4) NO REFILLS	0.89
EVACUATED CONTAINER STERILE 1000ML BT	1.59
EVACUATED CONTAINER STERILE 250ML BT	1.38
EXAMINATION GLOVES LARGE 100/BX	3.15
EXAMINATION GLOVES MED. 100/BX	3.15
FEEDING SET GRAVITY, KANGAROO S-7024	2.95
FINGER COTS	0.02
FULL LEG STYLE, MED-LONG NO. 3449	8.10
FULL LEG STYLE, MED-REG NO. 3144	8.10
FULL LEG STYLE, SMALL-REG NO. 3039	8.10
FULL LEG STYLE, X-SMALL-LONG NO. 3320	11.07
FULL LEG STYLE, X-SMALL-REG NO. 3306	8.10
GONIOSCOPIC PRISM, 15ML BT	4.17
KNEE LENGTH NYLON (MED-REG) STOCK 7115	6.59
KNEE LENGTH NYLON (SMALL-REG) STOCK 7071	9.52

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
KNEE LENGTH NYLON (X-MED) STOCKING 7480	6.59
KNEE LENGTH NYLON (X-SMALL) STOCK 7339	6.59
KNEE LENGTH NYLON, LARGE REG 7203	6.36
KNEE LENGTH NYLON, X-LARGE 7594	6.59
KNEE LENGTH NYLON, X-LARGE REG 7604	6.59
KNEE LENGTH NYLON, X-LARGE, X-LENGTH	6.59
LANCETS	0.06
NEBULIZER PLASTIC DEVILBISS NO 42	11.55
NEBULIZER PLASTIC DEVILBISS NO 45	12.65
PAD, FOAM 1 1/8 X 4 3/8IN 10/BX	8.00
PAD, PRE-COATED FOAM 3 X 1 1/2IN 10/BX	8.10
PAD, PROTECT 24 X 23IN	0.09
PUMP SET, KANGAROO 5-7136	0.01
SLEEVE ONLY	6.00
SURGICAL GLOVES SIZE 6 1/2 STERILE	0.02
SURGICAL GLOVES SIZE 7 1/2 STERILE	0.02
SURGICAL GLOVES SIZE 7 STERILE	0.02
SURGICAL GLOVES SIZE 8 1/2 STERILE	0.02
SURGICAL GLOVES SIZE 8 STERILE	0.02
SUSPENSORY SCROTAL (LARGE)	4.19
SUSPENSORY SCROTAL (MEDIUM)	4.50
SUSPENSORY SCROTAL (X-LARGE)	2.48
SYR-NDL U-100 27/28 1/2IN BDM410	0.01
TED STOCKINGS FULL LEG X/LRG-LONG 3995	11.07

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
TED STOCKINGS FULL LEG. LRG-LONG 3523	8.10
TED STOCKINGS FULL LEG. LRG-REG 3221	11.07
TED STOCKINGS FULL LEG. SM-LONG 3364	8.10
TED STOCKINGS FULL LEG. X/LRG-REG 3922	8.10
THIGH LENGTH NYLON. LRG-LONG 3856	6.05
THIGH LENGTH NYLON. LRG-REG 3728	6.05
THIGH LENGTH NYLON. LRG-SHORT 3634	6.05
THIGH LENGTH NYLON. MED-LONG 3549	6.05
THIGH LENGTH NYLON. MED-REG 3416	6.05
THIGH LENGTH NYLON. MED-SHORT 3310	6.05
THIGH LENGTH NYLON. SMALL-LONG 3222	6.05
THIGH LENGTH NYLON. SMALL-REG 3130	6.05
THIGH LENGTH NYLON. SMALL-SHORT 3071	8.27
TRACHCARE KIT	2.12
TUBE INLET WATER 28FR REG	5.00
TUBE NASAL 16FR LEVIN	3.00
TUBE, DRAINAGE 9/32IN X 60IN KSA	5.50
TUBE, NASOGASTRIC FEEDING 8 FR (71286)	12.00
* * * SYRINGE.INSULIN (XA900) * * *	
SYRINGE, INSULIN 100U (LO-DOSE) 28G DISP	0.15
SYRINGE, INSULIN 100U 28G DISP	0.05
* * * SYRINGE.OTHER (XA950) * * *	
SYR, DISP, TUBERCULIN 26G 3/8IN	0.04
SYRINGE (EAR) MED-PAK 3 OZ	4.00

SEPULVEDA VAMC HOSPITAL FORMULARY
DRUG CLASSIFICATION LIST

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
SYRINGE 3CC 22 G X 1 1/2 NEEDLE #1/EACH	0.04
SYRINGE 3CC 25G BY 5/8 EACH	0.04
SYRINGE 60CC PISTON TIP	0.43
SYRINGE DISP. 10ML LUERLOCK	0.06
SYRINGE DISP. 30ML LUERLOCK	0.16
SYRINGE DISPOSABLE 50ML	0.24
* * * MISCELLANEOUS AGENTS (XX000) * * *	
ABSORBABLE GELATIN SIZE 12 - BX OF 4 (Gelfoam)	17.34
ABSORBABLE GELATIN SIZE 4 - BX OF 15 (Gelfoam)	6.49
ACETEST REAGENT TAB-100/BTL	4.89
AMMONIA, AROMATIC SPIRITS (NH, 0.3ML AMP ** CRUSHABLE AMP (FR-4) NO REFILLS	1.32
BEER, 360ML CAN ** INPATIENT ONLY	0.84
CHEMSTRIP BG 25/BTL	11.68
CHEMSTRIP BG 50/BT FOR ACCUCHEK-2	18.90
CHEMSTRIP BG 50/BTL FOR ACCUCHEK-1	22.50
COMBISTIX REAGENT STRIPS-100/BTL ** OUTPATIENT USE ONLY	10.29
DEXTROSTIX REAGENT STRIPS-100/BTL	34.00
DIASTIX REAGENT STRIPS 100/BTL	3.80
FORMALDEHYDE 10% LIQ., 3.780ML BTL	9.89
HEMATEST REAGENT TAB-100/BTL	6.70
HYALURONIDASE INJ. 150U/ML. 1ML VIAL (Wydase)	2.30
KETO-DIASTIX REAGENT STRIPS-100/BTL	4.24
LABSTIX REAGENT STRIPS-100/BTL	16.60

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
MICROFIBRILLAR COLLHGEN POWDER 1GM JAR (Avitene)	37.90
MINERAL OIL LIGHT INJ 10ML VIAL (Muri Lube)	0.73
MULTISTIX 100 STRIPS/BOTTLE	21.40
NITRAZINE PAPER ROLL W/DISPENSER	7.96
RUBBER BAND PKG/25 MARLEN 606	1.00
STIMGEL 30Z	4.50
TESTAPE ROLL	3.56

PART II

GENERIC NAME PRODUCT LISTING

1989 EDITION

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
ABSORBABLE GELATIN SIZE 12 - BX OF 4 (Gelfoam)	17.34
ABSORBABLE GELATIN SIZE 4 - BX OF 15 (Gelfoam)	6.49
ACCUSEAL ADAPTER 0219-15	0.81
ACE BANDAGE, COT ELASTIC 3IN. ROLL ** (FR-4) NO REFILLS	1.25
ACE BANDAGE, COT ELASTIC 4IN. ROLL ** (FR-4) NO REFILLS	1.40
ACETAMINOPHEN 325MG TAB (Tylenol) ** (FR-4) NO REFILLS	0.01
ACETAMINOPHEN 325MG TAB U/D (Tylenol) ** INPATIENT USE ONLY	0.01
ACETAMINOPHEN 650MG SUPP (Tylenol) ** (FR-4) NO REFILLS	0.30
ACETAMINOPHEN ELIXIR 325MG/10ML U/D (Tylenol)	0.15
ACETAZOLAMIDE 250MG TAB (Diamox)	0.03
ACETAZOLAMIDE 250MG TAB U/D (Diamox) ** INPATIENT USE ONLY	0.06
ACETAZOLAMIDE 500MG INJ VIAL (Diamox)	10.60
ACETAZOLAMIDE 500MG SR CAP (Diamox)	0.23
ACETAZOLAMIDE 500MG SR CAP U/D (Diamox) ** INPATIENT USE ONLY	0.23
ACETEST REAGENT TAB-100/BTL	4.89
ACETIC ACID 2%/HC OTIC SOLN 10ML BT (Vosol H.C.)	9.89
ACETIC ACID IRRIG 0.25% SOL., 1000ML BT ** (FR-4) NO REFILLS	3.24
ACETIC ACID IRRIG 0.25% SOLN, 500ML BT ** (FR-4) NO REFILLS	2.77
ACETONE SOL 480 BTL	1.59
ACETYLCHOLINE CHLORIDE 20MG/2ML OPH SOLN (Miochol)	8.69

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
ACETYLCYSTEINE SOL. 20%. 10ML VIAL (Mucomyst)	7.45
ACETYLCYSTEINE SOL. 20%. 30ML VIAL (Mucomyst)	15.32
ACTIVATED CHARCOAL 50GM/SORBITOL 240ML ** (FR-4) NO REFILLS	3.85
ACYCLOVIR 200MG CAP (Zovirax) ** RESTRICTED TO ID AND DERMATOLOGY (FR-2)	0.52
ACYCLOVIR 200MG CAP U/D (Zovirax) ** INPATIENT USE ONLY (ID OR DERMATOLOGY) (FR-2)	0.68
ACYCLOVIR 500MG INJ VIAL (Zovirax) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	24.59
ADAPTER, UROSTOMY TUBE (H7331)	1.50
ADHESIVE DOUBLE FACE 3/4IN. PK/10	6.46
ADHESIVE DOUBLE FACE 5/8IN. PK/10	6.00
ADHESIVE REMOVER CAN H7731	3.00
ADHESIVE REMOVER PADS. PK/100	4.93
ADHESIVE REMOVER UNI-SOLVE 960ML	4.39
ADHESIVE SPRAY 180ML H7730	9.62
ADHESIVE TAPE STRIPS 1-WIDE.100/BX	30.00
ADHESIVE TAPE STRIPS. REG 100/BX	9.45
ALBOLENE LIQUEFYING CLEANER 360GM JAR	3.83
ALBUMIN HUMAN SERUM 25% INJ 100ML	72.00
ALBUMIN HUMAN SERUM 25% INJ 50ML	36.00
ALBUTEROL INHALER 17GM (200DOSES) (Proventil) (Ventolin)	4.72
ALCOHOL 5%/DEXTROSE 5% BOTTLE 1000ML	8.60
ALCOHOL DEHYDROGENATED 20.000ML DRUM	15.99
ALCOHOL DEHYDROGENATED 480ML BOTTLE	0.76

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
ALCOHOL PAD 100/BX	0.66
ALLOPURINOL 100MG TAB (Zyloprim)	0.06
ALLOPURINOL 100MG TAB U/D (Zyloprim) ** INPATIENT USE ONLY	0.06
ALLOPURINOL 300MG TAB (Zyloprim)	0.17
ALLOPURINOL 300MG TAB U/D (Zyloprim) ** INPATIENT USE ONLY	0.15
ALPRAZOLAM 0.5MG TAB (Xanax) ** RESTRICTED TO PSYCHIATRY (FR-2)	0.16
ALPRAZOLAM 0.5MG TAB U/D (Xanax) ** (FR-2) INPATIENT USE ONLY--RESTRICTED TO PSYCHIATRY	0.19
ALPRAZOLAM 1MG TAB (Xanax) ** RESTRICTED TO PSYCHIATRY (FR-2)	0.24
ALPRAZOLAM 1MG TAB U/D (Xanax) ** (FR-2) INPATIENT USE ONLY--RESTRICTED TO PSYCHIATRY	0.33
ALTEPLASE, RECOMBINANT INJ 50MG VIAL (Activase) ** RESTRICTED TO CARDIOLOGY (FR-1)	1100.00
ALUMINUM ACETATE TAB (Domeboro)	0.10
ALUMINUM HYD/MG TRISILICATE CHEW TAB U/D ** INPATIENT USE ONLY	0.06
ALUMINUM HYDR/MAG TRISILICATE CHEW TAB (Gaviscon)	0.04
ALUMINUM HYDROX SUSP 320MG/ 5ML,360ML BT (Amphojel)	0.79
ALUMINUM HYDROX SUSP 320MG/5ML, 30ML UD (Amphojel)	0.27
ALUMINUM HYDROXIDE 475MG CAP (Alucap)	0.03
ALUMINUM HYDROXIDE 475MG CAP U/D (Alucap) ** INPATIENT USE ONLY	0.05
ALUMINUM/MAGNESIUM GEL 150ML BTL (Mylanta)	0.37
ALUMINUM/MAGNESIUM GEL 30ML U/D CUP (Mylanta)	0.14
AMANTADINE HCL 100MG CAP (Symmetrel)	0.21

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
AMANTADINE HCL 100MG CAP U/D (Symmetrel) ** INPATIENT USE ONLY	0.42
AMIKACIN SULFATE INJ 1GM/4CC VIAL (Amikin)	31.09
AMILORIDE 5MG TAB (Midamor)	0.17
AMILORIDE 5MG TAB U/D (Midamor) ** INPATIENT USE ONLY	0.18
AMINO ACID 8.5% BOTTLE 500ML (Freamine)	8.28
AMINOCAPROIC ACID 250MG/ML - 20ML VIAL (Amicar)	9.75
AMINOCAPROIC ACID 500MG TAB (Amicar)	0.39
AMINOCAPROIC ACID 500MG TAB U/D (Amicar) ** INPATIENT USE ONLY	0.41
AMINOPHYLLINE INJ 25MG/ML, 10ML VIAL	1.90
AMINOPHYLLINE INJ. 25MG/ML, 10ML VIAL	1.40
AMIODARONE 200MG TAB (Cordarone) ** RESTRICTED TO CARDIOLOGY [FR-2]	1.12
AMIODARONE 200MG TAB U/D (Cordarone) ** INPATIENT USE ONLY (CARDIOLOGY) [FR-2]	1.18
AMITRIPTYLINE HCL 100MG TAB (Elavil) (Endep)	0.80
AMITRIPTYLINE HCL 100MG TAB U/D (Elavil) (Endep) ** INPATIENT USE ONLY	0.29
AMITRIPTYLINE HCL 10MG TAB (Elavil) (Endep)	0.20
AMITRIPTYLINE HCL 25MG TAB (Elavil) (Endep)	0.01
AMITRIPTYLINE HCL 25MG TAB U/D (Elavil) (Endep) ** INPATIENT USE ONLY	0.12
AMITRIPTYLINE HCL 50MG TAB (Elavil) (Endep)	0.02

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
AMITRIPTYLINE HCL 50MG TAB U/D (Elavil) (Endwp) ** INPATIENT USE ONLY	0.18
AMMONIA, AROMATIC SPIRITS INH. 0.3ML AMP ** CRUSHABLE AMP (FR-4) NO REFILLS	1.32
AMMONIUM CL. INJ. 5MEQ/ML. 20ML VIAL	2.88
AMOXICILLIN/CLAVULANATE 250MG TAB U/D (Augmentin) ** (FR-2) INFECTIOUS DISEASE APPROVAL REQUIRED	0.69
AMOXICILLIN/CLAVULANATE 500MG TAB U/D (Augmentin) ** (FR-2) INFECTIOUS DISEASE APPROVAL REQUIRED	1.10
AMOXICILLIN/CLAVULANATE 250MG TAB (Augmentin) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	0.49
AMOXICILLIN/CLAVULANATE 500MG TAB (Augmentin) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	0.75
AMPHOTERICIN-B 50MG VIAL (Fungizone)	13.66
AMPICILLIN 1GM INJ. PIGGYBACK	1.84
AMPICILLIN 1GM INJ. VIAL	0.60
AMPICILLIN 250MG CAP	0.05
AMPICILLIN 250MG CAP U/D ** INPATIENT USE ONLY	0.07
AMPICILLIN 2GM INJ. PIGGYBACK	2.35
AMPICILLIN 500MG CAP	0.08
AMPICILLIN 500MG CAP U/D ** INPATIENT USE ONLY	0.12
AMPICILLIN SUSP 250MG/5ML 100ML BTL	2.47
AMPICILLIN/SULBACTAM 1.5GM PB VIAL (Unasyn) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	5.99
AMPICILLIN/SULBACTAM 3GM PB VIAL (Unasyn) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	10.45
AMPICILLIN/SULBACTAM 1.5GM VIAL (Unasyn) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	4.50

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
AMRINONE LACTATE 5MG/ML - 20ML AMP (Inocor) ** RESTRICTED TO CARDIOLOGY (FR-1)	19.12
AMYL NITRITE VAPOROLE 0.3ML	1.79
ANTHRALIN 0.2% IN ZINC OXIDE PASTE	0.12
ANTHRALIN 0.4% IN ZINC OXIDE PASTE	0.12
ANTHRALIN 1%, BA 1% IN AQUAPHOR 60GM JAR	5.00
ANTHRALIN 2%, BA 1% IN AQUAPHOR 60GM JAR	5.00
ANTIVENIN (SNAKE BITE) 10ML (Crotaline Antivenin)	27.77
ANTIVENIN (SPIDER BITE) 2.5MG/VIAL	7.76
APP BANISH II, 237 ML BTL (Banish)	7.90
AQUA-AQUAPHOR CREAM 454GM JAR (Eucerin)	2.52
ARTIFICIAL TEARS OPHTH SOLN 30ML (Tears Plus)	3.25
ASCORBIC ACID 100MG/ML ORAL SOLN	2.71
ASCORBIC ACID 500MG TAB	0.01
ASCORBIC ACID 500MG TAB U/D ** INPATIENT USE ONLY	0.03
ASCORBIC ACID INJ. 1000MG/10ML AMP	1.12
ASCORBIC ACID INJ. 100MG/2ML AMP	0.48
ASPARABINASE INJ. 10,000U VIAL (Elspar)	19.98
ASPIRIN 325MG TAB	0.01
ASPIRIN 325MG TAB U/D ** INPATIENT USE ONLY	0.01
ASPIRIN 650MG SUPP ** (FR-4) NO REFILLS	0.09
ASPIRIN ENTERIC COATED 325 MG TAB U/D (Ecotrin) ** INPATIENT USE ONLY	0.03
ASPIRIN ENTERIC COATED 325MG TAB (Ecotrin)	0.01

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
ATENOLOL 100MG TAB (Tenormin)	0.36
ATENOLOL 100MG TAB U/D (Tenormin) ** INPATIENT USE ONLY	0.63
ATENOLOL 50MG TAB (Tenormin)	0.24
ATENOLOL 50MG TAB U/D (Tenormin) ** INPATIENT USE ONLY	0.33
ATRACURIUM 10MG/ML INJ 10ML VI (Tracrium)	23.21
ATRACURIUM 10MG/ML INJ 5ML APP (Tracrium)	12.83
ATROPINE INJ. 0.4MG/ML. 20ML VIAL	0.58
ATROPINE INJ. 1MG/10ML. SYRINGE	1.54
ATROPINE SULFATE 1% OPHTH SOLN 15ML	1.29
ATROPINE SULFATE 1% OPHTH. SOLN 1ML	0.67
ATROPINE SULFATE 2% OPH SOLN. 2ML	2.33
ATROPINE SULFATE 2% OPH. SOLN. 1ML	0.61
AURANOFIN 3MG CAP (Ridaura) ** RESTRICTED TO RHEUMATOLOGY (FR-2)	0.57
AURANOFIN 3MG CAP U/D (Ridaura) ** (FR-2) RESTRICTED TO RHEUMATOLOGY--INPATIENT USE ONLY	0.62
AUROTHIOGLUCOSE 50MG/ML VIAL 10ML (Solganol) ** RESTRICTED TO RHEUMATOLOGY (FR-1)	50.00
AZATHIOPRINE 50MG TAB (Imuran)	0.42
AZATHIOPRINE 50MG TAB U/D (Imuran) ** INPATIENT USE ONLY	0.37
AZTREONAM INJ 1GM PIGGYBACK VIAL (Azactam) ** (FR-2) RESTRICTED TO INFECTIOUS DISEASE	10.00
AZTREONAM INJ 1GM VIAL (Azactam) ** (FR-2) RESTRICTED TO INFECTIOUS DISEASE	9.50
BACITRACIN 500 U/GM OINTMENT 30GM TUBE (Baciguent)	0.43

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
BACITRACIN INJ. 50,000U VIAL	6.54
BACLOFEN 10MG TAB (Lioresal)	0.18
BACLOFEN 10MG TAB U/D (Lioresal) ** INPATIENT USE ONLY	0.25
BAG GASTRIC FEEDING 20/CS 3518	1.72
BAG ILEO CRYOVAC 5 X 12IN CLEAR 3132	0.07
BAG ILEO CRYOVAC 6 X 16IN CLEAR 3162	0.08
BAG ILEOSTOMY, STYLE B 10/BOX 2111	15.88
BAG LEG LARGE DISPOSABLE (PHARM 4017AP)	2.95
BAG LEG MEDIUM DISPOSABLE 650ML	1.00
BAG STOMA POUCH 2IN 30/BX H72B4	35.20
BAG, CLEAR CRYOVAC 4 X 12IN 1412 ** ODOR PROOF	0.09
BAG, CLEAR CRYOVAC 5 X 12IN (1512) ** ODOR PROOF	0.09
BAG, CLEAR CRYOVAC 6 X 12IN 1613 ** ODOR PROOF	0.10
BAG,CLOSED DRAINAGE-ANTIREFLUX #154002	6.61
BALANCED SALT SOLN OPHTH. 15ML BTL (B.S.S.)	4.65
BALANCED SALT SOLN OPHTH. 500ML BTL (B.S.S.)	18.20
BANDAGE ROLLER 4IN X 10YDS	0.62
BANDAGE, BURN NET, SIZE 0 X 25 YDS. PK (Surgifix)	2.00
BANDAGE, BURN NET, SIZE 0.5 X 25 YDS. PK (Surgifix)	1.90
BANDAGE, BURN NET, SIZE 1 X 25 YDS. PK (Surgifix)	2.50
BANDAGE, BURN NET, SIZE 2 X 25YDS. PK (Surgifix)	3.05
BANDAGE, BURN NET, SIZE 3 X 25 YDS. PK (Surgifix)	3.95

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
BANDAGE, BURN NET, SIZE 4 X 25 YDS. PK (Surgifix)	4.75
BANDAGE, BURN NET, SIZE 5 1/2X25YDS.PK (Surgifix)	6.30
BANDAGE, BURN NET, SIZE 5 X 25 YDS. PK (Surgifix)	5.75
BANDAGE, BURN NET, SIZE 6 X 25YDS. PK (Surgifix)	8.70
BANDAGE, BURN NET, SIZE 7 X 25 YDS. PK (Surgifix)	11.60
BANDAGE, BURN NET, SIZE 8 X 25 YDS. PK (Surgifix)	13.20
BARIUM ENEMA PREP KIT NO. 2 (FLEETS)	3.19
BARRIER PROTECT FILM 50/BX BARD 740013	3.50
BATH OIL 240ML BOTTLE (Domol) ** INPATIENT ONLY	0.98
BCG VACCINE 1ML/AMP	14.32
BECLOMETHASONE DIPRO NASAL INH 16.8GM (Vancenase) (Beconase)	3.95
BECLOMETHASONE DIPRO ORAL INH 16.8GM (Vanceril) (Beclovent)	4.03
BEER, 360ML CAN ** INPATIENT ONLY	0.54
BELLADONNA/PHENOBARBITAL TAB (Donnatal)	0.01
BELLADONNA/PHENOBARBITAL TAB U/D ** INPATIENT USE ONLY	0.04
BELT ADAPTER (HOLLISTER 4203)	0.70
BELT SUPPORT 6X2 7/8 LEFT SIDE XL 6603	18.00
BELT SUPPORT 6X2 7/8 RT SIDE MED 6611	16.00
BELT SUPPORT 6X3 LEFT SIDE XL 6603	18.00
BELT SUPPORT LARGE 9IN RT SIDE 6642	15.30
BELT, 1 1/2IN, PLASTIC BUCKLE 2610	3.50
BELT, APPLIANCE 1INCH 2503-00	3.50

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
BELT, COLOSTOMY 7001	4.50
BELT, ELASTIC ADULT ADJUSTABLE 10-104	5.12
BELT, OSTOMY SUPPORT 4IN, X-LGE 2663	15.00
BELT, OSTOMY SUPPORT, 4IN, LGE 2662	15.30
BELT, OSTOMY SUPPORT, 4IN, MED 2661	15.30
BELT, OSTOMY, LARGE 7299	4.75
BELT, OSTOMY, MED, 1 1/8IN 7300	1.80
BELT, RUBBER 1 IN, PLASTIC BUCKLE 2630	3.95
BELT, SINGLE PANEL, VELCRO 4 IN 2664	16.00
BELT, SUPPORT 2 1/8IN HOLE 2660	15.20
BELT, SUPPORT XXLRG 44-47IN (6614)	10.00
BELT, SURFIT OSTOMY APPLIANCE 1755	3.11
BELT,HEAVY DUTY 1 1/2IN,PLASTIC BUCKLE	6.90
BENZ AC'D 3%, BA 1.5% -70% IPA/H2O 480ML	5.00
BENZOCAIN 1.4%/ANTIPYR 5.4% OTIC 15ML DT (Auralgan)	1.89
BENZOCAINE 20% GEL 30ML (Hurricaine)	3.38
BENZOCAINE 20% LIQUID 30ML (Hurricaine)	3.38
BENZOCAINE 20% OINTMENT 30 GM JAR (Americaine)	2.50
BENZOCAINE 20% SPRAY 60ML (Hurricaine)	7.12
BENZOIC/SALICYLATE OINT 30GM TUBE (Whitfields Ointment)	9.70
BENZOIN TINCTURE, PLAIN W/APPL 2 OZ	4.00
BENZOIN TINCTURE, PLAIN W/APPL 4 OZ	5.80
BENZONATATE 100MG CAP (Tessalon) ** (FR-4)	0.14
BENZONATATE 100MG CAP U/D (Tessalon) ** (FR-4)	0.14

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
BENZOYL PEROXIDE 10% CR. 42.5GM TU (Desquam X)	0.81
BENZOYL PEROXIDE 5% CR. 42.5GM TU (Desquam X)	0.81
BENZQUINAMIDE 50MG INJ (Emete Con)	1.43
BENZTROPINE INJ. 1MG/ML. 2ML AMP (Cogentin)	2.27
BENZTROPINE MESYLATE 1MG TAB (Cogentin)	0.03
BENZTROPINE MESYLATE 1MG TAB U/D (Cogentin) ** INPATIENT USE ONLY	0.13
BENZTROPINE MESYLATE 2MG TAB (Cogentin)	0.08
BENZTROPINE MESYLATE 2MG TAB U/D (Cogentin) ** INPATIENT USE ONLY	0.11
BENZYL BENZOATE 25% EMULSION 300ML BTL	5.00
BENZYL BENZOATE EMUL. 50%. 480ML BT	3.80
BENZYL BENZOATE EMULSION 10% 300ML BTL	5.00
BETAXOLOL 0.5% OPTH SOLN. 10ML BT. (Betoptic)	10.60
BETHANECHOL CHLORIDE 25 MG TAB U/D (Urecholine) ** INPATIENT USE ONLY	0.08
BETHANECHOL CHLORIDE 25MG TAB (Urecholine)	0.01
BETHANECHOL CHLORIDE 5MG TAB (Urecholine)	0.03
BETHANECHOL CHLORIDE 5MG TAB U/D (Urecholine) ** INPATIENT USE ONLY	0.05
BETHANECHOL CHLORIDE 5MG/1ML INJ AMP (Urecholine)	1.57
BILE BAG	3.25
BIPERIDEN 2MG TAB (Akineton)	0.08
BIPERIDEN 2MG TAB U/D (Akineton) ** INPATIENT USE ONLY	0.08
BIPERIDEN 5MG/ML. INJ 1ML AMP (Akineton)	1.66
BISACODYL 10MG SUPP (Dulcolax)	0.04

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
BISACODYL 37ML ENEMA (Dulcolax)	0.65
BISACODYL 5MG TAB (Dulcolax)	0.01
BISACODYL 5MG TAB U/D (Dulcolax) ** INPATIENT USE ONLY	0.03
BISMUTH MAGMA LIQ. ** [FR-4] NO REFILLS	0.02
BISMUTH-PAREGORIC LIQUID	0.02
BLEOMYCIN INJ. 15U VIAL (Blenoxane)	91.94
BRETYLIUM TOSYLATE 50MG/ML AMP 10ML (Bretylol)	17.00
BROMOCRIPTINE MESYLATE 2.5 MG TAB U/D (Parlodel) ** INPATIENT USE ONLY	0.53
BROMOCRIPTINE MESYLATE 2.5MG TAB (Parlodel)	0.45
BROMOCRIPTINE MESYLATE 5 MG CAP U/D (Parlodel) ** INPATIENT USE ONLY	1.08
BROMOCRIPTINE MESYLATE 5MG CAP (Parlodel)	0.89
BROMPHEN/PPA EXTENTAB U/D (Dimetapp) ** INPATIENT USE ONLY	0.22
BROMPHEN/PPA EXTENTAB (Dimetapp) ** [FR-4] NO REFILLS	0.20
BUMETANIDE INJ 0.5MG/2ML (Bumex) ** [FR-2] RESTRICTED TO NEPHROLOGY, CARDIOLOGY, OR ALL ICU'S	1.39
BUPIVACAINE 0.5% 30ML VIAL (Marcaine) (Sensorcaine)	2.25
BUPIVACAINE 0.5%/EPI 1:200,000 30ML VI (Marcaine) (Sensorcaine)	2.25
BUPIVACAINE 0.75%, 30ML VIAL (Marcaine) (Sensorcaine)	4.70
BUPIVACAINE 0.75%-DEX 8.25% 2ML AMP (Marcaine Spinal)	2.30
BUSPIRONE 10MG TAB (Buspar) ** RESTRICTED TO PSYCHIATRY SERVICE [FR-1]	0.60

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
BUSPIRONE 10MG TAB U/D (Buspar) ** INPATIENT USE ONLY--RESTRICTED TO PSYCH (FR-1)	0.65
BUSPIRONE 5MG TAB (Buspar) ** RESTRICTED TO PSYCHIATRY SERVICE (FR-1)	0.28
BUSPIRONE 5MG TAB U/D (Buspar) ** INPATIENT USE ONLY--RESTRICTED TO PSYCH (FR-1)	0.33
BUSULFAN 2MG TAB (Myleran)	0.45
BUSULFAN 2MG TAB U/D (Myleran) ** INPATIENT USE ONLY	0.50
BUTALBITAL/CAFFEINE/ASA 325 MG TAB U/D (Fiorinal) ** INPATIENT USE ONLY	0.14
BUTALBITAL/CAFFEINE/ASA 325MG TAB (Fiorinal)	0.13
CALAMINE LOTION 120ML BOTTLE ** (FR-6) NO REFILLS	0.60
CALCI-JAIN-SALM 200MRC/ML INJ 2ML	20.86
CALCITRIOL 0.25MCG CAP (Rocaltrol)	0.46
CALCITRIOL 0.25MCG CAP U/D (Rocaltrol) ** INPATIENT USE ONLY	0.45
CALCIUM CARB/VIT.D 250MG/125 IU TAB U/D (Oscal) ** INPATIENT USE ONLY	0.05
CALCIUM CARB/VIT.D 250MG/125 IU TAB (Oscal)	0.04
CALCIUM CARBONATE 650MG TAB	0.02
CALCIUM CARBONATE 650MG TAB U/D ** INPATIENT USE ONLY	0.04
CALCIUM CHLORIDE INJ 10%, 10ML VIAL	0.55
CALCIUM CHLORIDE INJ, 10%, 10ML SYRINGE	1.39
CALCIUM GLUCONATE INJ, 10%, 10ML AMP	0.75
CAMPHORATED OPIUM TINTURE (Paregoric)	0.01
CANDIDA SKIN TEST 1:500 1ML VIAL	4.25

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CAP, REPLACEMENT FOR DISPOZ-A-BAG 601305	0.25
CAPTOPRIL 12.5MG TAB U/D (Capoten) ** FOR INPATIENT USE ONLY	0.25
CAPTOPRIL 25MG TAB (Capoten)	0.26
CAPTOPRIL 25MG TAB U/D (Capoten) ** INPATIENT USE ONLY	0.29
CAPTOPRIL 50MG TAB (Capoten)	0.46
CAPTOPRIL 50MG TAB U/D (Capoten) ** INPATIENT USE ONLY	0.42
CARBACHOL 1.5% OPH SOLN 15ML (Isopto Carbachol)	5.23
CARBAMAZEPINE 200MG TAB (Tegretol)	0.09
CARBAMAZEPINE 200MG TAB U/D (Tegretol) ** INPATIENT USE ONLY	0.21
CARBAMIDE PEROX OTIC SOLN 6.5%. 15ML BT (Debrox Otic) ** (FR-4) NO REFILLS	2.90
CARBENICILLIN INDANYL 382MG TAB U/D (Geocillin) ** INPATIENT USE ONLY	0.55
CARBENICILLIN INDANYL 382MG TAB (Geocillin)	0.53
CARBIDOPA/LEVODOPA 10MG/100 MG TAB (Sinemet)	0.09
CARBIDOPA/LEVODOPA 10MG/100MG TAB U/D (Sinemet) ** INPATIENT USE ONLY	0.22
CARBIDOPA/LEVODOPA 25MG/100 MG TAB (Sinemet)	0.31
CARBIDOPA/LEVODOPA 25MG/100MG TAB U/D (Sinemet) ** INPATIENT USE ONLY	0.34
CARBIDOPA/LEVODOPA 25MG/250 MG TAB (Sinemet)	0.17
CARBIDOPA/LEVODOPA 25MG/250MG TAB U/D (Sinemet) ** INPATIENT USE ONLY	0.36
CARBOL FUCHSIN 120ML BTL	2.00
CARBOL FUCHSIN 60ML BTL	0.75

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CASCARA SAGRADA FLUID EXTRACT, 120 ML ** (FR-4) NO REFILLS	1.87
CASTOR OIL EMULSION 120 ML (Neolaid) ** (FR-4) NO REFILLS	1.77
CATHETER ARGYLE THORACIC 28FR	2.50
CATHETER EXTERNAL URIBRAIN CP 7323	0.94
CATHETER FOLEY 14FR 5ML (0165V)	1.57
CATHETER FOLEY 16FR 5ML 336-16	1.24
CATHETER FOLEY 18FR 5ML	1.32
CATHETER FOLEY 20FR 30ML	6.00
CATHETER FOLEY 20FR 5ML	1.75
CATHETER FOLEY 22FR 5ML	5.00
CATHETER SET TRAY 47088	1.99
CATHETER SILASTIC 16FR 5ML 12/BX	36.00
CATHETER SILASTIC 18FR 5ML DOW	3.00
CATHETER SILASTIC 20FR 5ML DOW	5.50
CATHETER SILASTIC 24FR 5ML DOW	3.00
CATHETER, 18FR W/30ML BALLOON	5.95
CATHETER, 22FR W/WHISTLE TIP	2.55
CATHETER, 28FR W/30ML BALLOON	6.00
CATHETER, COUDE 16FR	5.50
CATHETER, COUDE 22FR (0101220)	5.69
CATHETER, EXTERNAL 41N TUBE 4-3010	0.80
CATHETER, EXTERNAL EACH A-2000-30	0.29
CATHETER, EXTERNAL SIZMD EACH 1020	0.67

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CATHETER, EXTERNAL UROBAN EACH 7800	0.79
CATHETER, EXTERNAL UROBAN MALE 7070	0.15
CATHETER, FREEDOM MEDIUM SIZE EACH 8200	1.02
CATHETER, FREEDOM STANDARD SIZE EA 8400	1.02
CATHETER, MALECOT 24FR EACH MB011	6.21
CATHETER, ROBINSON 12FR 16IN 9412 •• 2-EYE BEAM	0.67
CATHETER, ROBINSON 14FR 16IN •• 2-EYE BEAM	2.23
CATHETER, ROBINSON 16FR 16IN 9416 •• 2-EYE BEAM	0.86
CATHETER, ROBINSON 18FR 16IN 9418 •• 2-EYE BEAM	2.29
CATHETER, ROBINSON 20FR 16IN •• 2-EYE BEAM	3.00
CATHETER, SELF-CATH 14FR LOMB 450	3.00
CATHETER, SLEEVE & CATH 18FR 50/33 9918 •• PLASTIC	2.00
CATHETER, URETHRAL PACK 47298	2.18
CEFAZOLIN 50MG/CC OPHTH SOLUTION •• OPHTHALMOLOGY APPROVAL REQUIRED--SPECIAL COMPOUNDING REQ'D	0.01
CEFAZOLIN 500 1GM INJ VIAL (Kefzol) (Ancef) •• RESTRICTED TO INFECTIOUS DIS AND OPHTHALMOLOGY [FR-2]	5.73
CEFONICID INJ 1GM VI (Monocid) •• RESTRICTED TO ER STOCK AND INFECTIOUS DISEASE [FR-2]	10.00
CEFOTAXIME SODIUM 1 GM PB VIAL (Claforan)	7.90
CEFOTAXIME SODIUM 1GM INJ VIAL (Claforan)	7.52
CEFOTAXIME SODIUM 2 GM PB VIAL (Claforan)	15.40

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CEFOTAXIME SODIUM 2GM INJ VIAL (Claforan)	13.89
CEFOTETAN INJ 1GM PIGGYBACK (Cefotan) ** RESTRICTED TO SURGERY AND ID (FR-1)	13.89
CEFOTETAN INJ 1GM VIAL (Cefotan) ** RESTRICTED TO SURGERY 3RD ID (FR-1)	8.84
CEFOXITIN 1GM PIGGYBACK (Mefoxin)	7.15
CEFOXITIN 2GM PIGGYBACK (Mefoxin)	13.65
CEFOXITIN 2GM VIAL (Mefoxin)	13.09
CEFTAZIDIME 1GM INJ VIAL (Fortaz) ** RESTRICTED TO ID, HEME-ONC, PULM (MICU) (FR-2)	13.30
CEFTAZIDIME 2GM INJ VIAL (Fortaz) ** RESTRICTED TO ID, HEME-ONC, PULM (MICU) (FR-2)	28.14
CEFTRIAXONE INJ 250MG VIAL (Rocephin) ** RESTRICTED TO E.R. (STOCK) OR INFECTIOUS DIS (FR-2)	8.70
CEMENT FACING 60GM RUTZEN	1.10
CEMENT SKIN BOND 118ML UNITED 4000	3.81
CEPHAPIRIN 1GM INJ. PIGGYBACK (Cefadyl)	1.30
CEPHAPIRIN 1GM INJ. VIAL (Cefadyl)	0.17
CEPHRADINE 250MG CAP (Velosef) (Anspor)	0.28
CEPHRADINE 250MG CAP U/D (Velosef) (Anspor) ** INPATIENT USE ONLY	0.32
CEPHRADINE 500MG CAP (Velosef) (Anspor)	0.55
CEPHRADINE 500MG CAP U/D (Velosef) (Anspor) ** INPATIENT USE ONLY	0.61
CETYLPYRIDINIUM CL 0.05%, 720ML BT (Cepacol) ** RESTRICTED TO DENTAL SERVICE (STOCK)	2.49

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CHEMSTRIP BG 25/BTL	11.68
CHEMSTRIP BG 50/BT FOR ACCUCHEK-2	18.90
CHEMSTRIP BG 50/BTL FOR ACCUCHEK-1	22.50
CHLORAL HYDRATE 250MG CAP (Noctec)	0.04
CHLORAL HYDRATE 250MG CAP U/D	0.09
CHLORAL HYDRATE 500MG CAP (Noctec)	0.03
CHLORAL HYDRATE 500MG CAP U/D (Noctec) ** INPATIENT USE ONLY	0.10
CHLORAL HYDRATE 500MG/10ML SYRUP U/D (Noctec) ** INPATIENT USE ONLY	0.23
CHLORAL HYDRATE 500MG/5ML SYRUP (Noctec)	0.01
CHLORAMBUCIL 2MG [illegible] (Leukeran)	0.41
CHLORAMBUCIL 2MG TAB U/D (Leukeran) ** INPATIENT USE ONLY	0.33
CHLORAMPHENICOL 1GM INJ. VIAL (Chloromycetin)	3.25
CHLORDIAZEPOXIDE HCL 10MG CAP U/D (Librium) ** (FR-1) INPATIENT USE ONLY--NO APPROVAL REQUIRED	0.02
CHLORDIAZEPOXIDE HCL 10MG CAP (Librium) ** RESTRICTED TO PSYCHIATRY OR INPATIENT USE (FR-1)	0.01
CHLORDIAZEPOXIDE HCL 25MG CAP (Librium) ** RESTRICTED TO PSYCHIATRY OR INPATIENT USE (FR-1)	0.01
CHLORHEXIDINE ORAL RINSE SOLN (Peridex) ** RESTRICTED TO DENTAL SERVICE AND CHARLES MARSHALL, MD (FR-1)	0.04
CHLOROQUINE PHOSPHATE 250MG TAB (Aralen)	0.04
CHLOROQUINE PHOSPHATE 250MG TAB U/D (Aralen) ** INPATIENT USE ONLY	0.09
CHLORPHENIRAMINE MAL 4MG TAB (Chlortrimeton)	0.01
CHLORPHENIRAMINE MAL 4MG TAB U/D (Chlortrimeton) ** INPATIENT USE ONLY	0.04

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CHLORPHENIRAMINE MAL 8MG SR CAP U/D (Chlortrimeton) ** INPATIENT USE ONLY	0.14
CHLORPHENIRAMINE MAL 8MG SR CAP (Chlortrimeton)	0.02
CHLORPROMAZINE 100MG SUPP (Thorazine)	0.84
CHLORPROMAZINE 100MG TAB (Thorazine)	0.02
CHLORPROMAZINE 100MG TAB U/D (Thorazine) ** INPATIENT USE ONLY	0.08
CHLORPROMAZINE 100MG/ML SOLN 240ML BTL (Thorazine)	4.55
CHLORPROMAZINE 200MG TAB (Thorazine)	0.08
CHLORPROMAZINE 200MG TAB U/D (Thorazine) ** INPATIENT USE ONLY	0.07
CHLORPROMAZINE 25MG TAB (Thorazine)	0.01
CHLORPROMAZINE 25MG TAB U/D (Thorazine) ** INPATIENT USE ONLY	0.08
CHLORPROMAZINE 25MG/ML INJ 2ML AMP (Thorazine)	1.32
CHLORPROMAZINE 50MG TAB (Thorazine)	0.01
CHLORPROMAZINE 50MG TAB U/D (Thorazine) ** INPATIENT USE ONLY	0.15
CHLORPROPAMIDE 100MG TAB (Diabinese)	0.01
CHLORPROPAMIDE 100MG TAB U/D (Diabinese) ** INPATIENT USE ONLY	0.17
CHLORPROPAMIDE 250MG TAB (Diabinese)	0.02
CHLORPROPAMIDE 250MG TAB U/D (Diabinese) ** INPATIENT USE ONLY	0.19
CHLORZOXAZONE 250MG TAB ** (FR-4) NO REFILLS ALLOWED	0.04
CHLORZOXAZONE 250MG TAB U/D ** (FR-4)	0.09
CHOLERA VACCINE 8U/ML, VIAL	5.05

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CHOLESTYRAMINE POWDER 378GM CAN (Questran) •• 42 DOSES PER CAN	11.55
CHOLESTYRAMINE POWDER 4GM RESIN/PACK (Questran) •• INPATIENT USE ONLY	0.58
CHORIONIC GONADOTROP 1000U/ML,10ML VI	38.73
CHUX PADS 24 X 24IN	0.10
CHYMOTRYPSIN 750U/VIAL, OPHTH (Alpha Chymar) (Zolyse)	21.36
CIMETIDINE 150MG/ML INJ 6ML VIAL (Tagamet) •• (FR-2) RESTRICTED TO GI OR SICU	7.38
CIMETIDINE 200MG TAB (Tagamet) •• (FR-4)-NO REFILLS! (FR-2) RESTRICTED TO GI	0.25
CIMETIDINE 200MG TAB U/D (Tagamet) •• INPATIENT USE ONLY (FR-4). (FR-2) GI APPROVAL REQ'D	0.25
CIMETIDINE 300MG TAB (Tagamet) •• (FR-4)-NO REFILLS! (FR-2) RESTRICTED TO GI	0.28
CIMETIDINE 300MG TAB U/D (Tagmet) •• INPATIENT USE ONLY (FR-4). (FR-2) GI APPROVAL REQ'D	0.28
CIMETIDINE 300MG/5ML LIQUID 240ML BT (Tagamet) •• (FR-4) AND (FR-2) RESTRICTED TO GI	25.90
CIMETIDINE 400MG TAB U/D (Tagamet) •• INPATIENT USE ONLY (FR-4)	0.00
CIPROFLOXACIN HCL 500MG TAB U/D (Cipro) •• (FR-2) INFECTIOUS DISEASE APPROVAL REQUIRED	1.69
CIPROFLOXACIN HCL 750MG TAB U/D (Cipro) •• (FR-2) INFECTIOUS DISEASE APPROVAL REQUIRED	2.95
CIPROFLOXACIN HCL 500MG TAB (Cipro) •• RESTRICTED TO INFECTIOUS DISEASE (FR-2)	1.63
CIPROFLOXACIN HCL 750MG TAB (Cipro) •• RESTRICTED TO INFECTIOUS DISEASE (FR-2)	3.15
CISPLATIN 10MG INJ VIAL (Platinol)	18.68

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CISPLATIN 50MG INJ VIAL (Platinol)	86.68
CITR. ACID/GLUCONOLACT. 10% IRR. SOL BT (Renacidin)	8.50
CITR. ACID/GLUCONOLACT. 300GM POWD JAR (Renacidin)	15.70
CLAMP LARGE CUNNINGHAM 004054	12.90
CLAMP REGULAR CUNNINGHAM 004053	12.90
CLAMP, DRAINAGE BAG MCLLISTER H7765	1.04
CLEANER PERIWASH 240ML (Periwash)	2.25
CLINDAMYCIN 150MG CAP (Cleocin)	0.48
CLINDAMYCIN 150MG CAP U/D (Cleocin) ** INPATIENT USE ONLY	0.47
CLINDAMYCIN 900MG INJ VIAL (Cleocin)	7.60
CLINDAMYCIN SOLN 1%, 60ML BTL (Cleocin T)	5.09
CLONAZEPAM 0.5MG TAB (Klonopin)	0.18
CLONAZEPAM 0.5MG TAB U/D (Klonopin) ** INPATIENT USE ONLY	0.23
CLONAZEPAM 1MG TAB (Klonopin)	0.13
CLONAZEPAM 1MG TAB U/D (Klonopin) ** INPATIENT USE ONLY	0.14
CLONIDINE HCL 0.1MG TAB (Catapres)	0.04
CLONIDINE HCL 0.1MG TAB U/D (Catapres) ** INPATIENT USE ONLY	0.15
CLONIDINE HCL 0.2MG TAB (Catapres)	0.06
CLONIDINE HCL 0.2MG TAB U/D (Catapres) ** INPATIENT USE ONLY	0.23
CLONIDINE HCL 0.3MG TAB (Catapres)	0.10
CLONIDINE HCL 0.3MG TAB U/D (Catapres) ** INPATIENT USE ONLY	0.34

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CLONIDINE TRANSDERMAL PATCH 1 (Catapres TTS-1)	3.00
CLONIDINE TRANSDERMAL PATCH 2 (Catapres TTS-2)	5.05
CLONIDINE TRANSDERMAL PATCH 3 (Catapres TTS-3)	6.07
CLORAZEPATE DIPOTASSIUM 15 MG TAB U/D (Tranxene) •• (FR-2) INPATIENT USE ONLY--NO APPROVAL REQUIRED	0.52
CLORAZEPATE DIPOTASSIUM 15MG TAB (Tranxene) •• RESTRICTED TO PSYCH, NEURO, SCI, OR INPATIENT USE (FR-2)	0.56
CLORAZEPATE DIPOTASSIUM 3.75 MG TAB U/D (Tranxene) •• (FR-2) INPATIENT USE ONLY--NO APPROVAL REQUIRED	0.34
CLORAZEPATE DIPOTASSIUM 3.75MG TAB (Tranxene) •• RESTRICTED TO PSYCH, NEURO, SCI, OR INPATIENT USE (FR-2)	0.30
CLORAZEPATE DIPOTASSIUM 7.5 MG TAB U/D (Tranxene) •• (FR-2) INPATIENT USE ONLY--NO APPROVAL REQUIRED	0.42
CLORAZEPATE DIPOTASSIUM 7.5MG TAB (Tranxene) •• RESTRICTED TO PSYCH, NEURO, SCI, OR INPATIENT USE (FR-2)	0.38
CLOTRIMAZOLE 10MG TROCHE (Mycelex)	0.36
CLOTRIMAZOLE 10MG TROCHE U/D (Mycelex) •• INPATIENT USE ONLY	0.32
CLOTRIMAZOLE CREAM 1%, 30GM TUBE (Lotrimin) (Mycelex)	0.88
CLOTRIMAZOLE SOLUTION 1%, 30ML BT (Lotrimin) (Mycelex)	1.53
CLOTRIMAZOLE VAGINAL 100MG TAB (Mycelex) (Lotrimin)	1.36
COAL TAR 5% GEL 90GM TUBE (Estar Gel)	8.18
COAL TAR BATH OIL 2.5%, 240ML BTL (Tru Tar) (Balnetar)	3.50
COAL TAR COLLOIDAL EMULSION 180ML BTL (Zetar)	5.88
COAL TAR COLLOIDAL SHAMPOO 180ML BT (Zetar)	2.96
COAL TAR SOL. 500ML BTL	6.20

DEPUEVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
COCAINE 4% TOPICAL SOLN 4ML BTL	6.18
COCCIDIOIDIN SKIN TEST 1:10. 0.5ML VL (Spherulin)	15.30
COCCIDIOIDIN SKIN TEST 1:100. 1ML VL (Spherulin)	9.00
CODEINE PHOSPHATE INJ. 30MG/ML. 1ML AMP	0.42
CODEINE SULFATE 30MG TAB	0.10
CODEINE SULFATE 30MG TAB 25/PB U/D ** INPATIENT USE ONLY	3.43
CODEINE W/ ACETAMINOPHEN 30MG/300MG TAB (Tylenol #3)	0.04
CODEINE W/ACET 30MG/300MG TAB U/D 25/PB ** INPATIENT AND CLINIC USE ONLY	1.00
COLCHICINE 0.6MG TAB	0.01
COLCHICINE 0.6MG TAB U/D ** INPATIENT USE ONLY	0.03
COLON TUBE 28FR NO. 03748	10.00
COLOPLAST DELUXE IRRIG SET 961001	60.00
COLOPLAST EXTRA SECURITY POUCH 961002	0.30
COLOPLAST ILEOSTOMY EXTRA (960401)	0.23
COLOPLAST IRRIG SET FACE PLATE 961012	2.00
COLOPLAST IRRIGATION SLEEVE (961003)	0.41
COLOPLAST SIZE 2 EXTRA NO. 960102	0.71
COLOPLAST SIZE 2 REGULAR NO. 960002	0.60
COLOSET 20 NO. 1805	0.60
COLOSTOBELT NO. 7046	2.73
COLOSTOMY CONVERSION KIT NO. 6200	12.50
COLOSTOPADS NO. 7043	0.10
COLY-SEAL WAFER 3IN 10/PKG NO. 2224	3.75

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
COMB. CONE/TUBE IRRIGATOR 1/BOX H7722	15.80
COMB. CONE/TUBE IRRIGATOR 3/BX H7721	12.60
COMB. IRRIGATION SET (X17) UB151	34.40
COMBISTIX REAGENT STRIPS-100/BTL ** OUTPATIENT USE ONLY	10.39
CONVEX ROUND FACE PLATE, 7/8 INCH	30.77
CORNSTARCH POWDER 454GM BOX	0.29
CORTICOTROPIN 40U/ML, 5ML VI	5.71
CORTICOTROPIN HP GEL 40U/ML 5ML VI	8.17
CORTISONE ACETATE 25MG TAB	0.24
CORTISONE ACETATE 25MG TAB U/D ** INPATIENT USE ONLY	0.26
CORTISONE ACETATE 50MG/ML, 10ML VI	2.28
COSYNTROPIN INJ. 0.25MG VIAL (Cortrosyn)	4.29
COTTON ABSORB STERILE ROLL 454GM	7.34
COTTON TIP APPLICATOR, NON-STERILE	0.28
COTTON TIP APPLICATOR, STERILE	0.14
COVER, APPLIANCE BEIGE NO. 7037	0.80
COVER, APPLIANCE CLOSED NO. 7736	0.49
COVER, APPLIANCE DRAIN NO. 7720	0.53
CROMOLYN METERED DOSE SPRAY 112 DOSES (Intal)	16.93
CYANIDE ANTIDOTE PACKAGE	70.78
CYANOCOBALAMIN 1000MCG/ML INJ 10ML VIAL	1.60
CYANOCOBALAMIN INJ. 1000MCG/ML, 1ML VI	0.84
CYCLOPENTOLATE 1% OPH SOL 2ML DROPPETTE (Cyclogyl)	3.12

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
CYCLOPENTOLATE 1% OPH SOLN 15ML BTL (Cyclogyl)	2.88
CYCLOPENTOLATE 2% OPH SOL 2ML DROPPETTE (Cyclogyl)	3.75
CYCLOPENTOLATE 2% OPH SOL 5ML BTL (Cyclogyl)	4.00
CYCLOPHOSPHAMIDE 200MG INJ VIAL (Cytoxan)	4.83
CYCLOPHOSPHAMIDE 25MG TAB (Cytoxan)	0.81
CYCLOPHOSPHAMIDE 25MG TAB U/D (Cytoxan) ** INPATIENT USE ONLY	0.84
CYCLOPHOSPHAMIDE 500MG INJ VIAL (Cytoxan)	9.07
CYCLOPHOSPHAMIDE 50MG TAB (Cytoxan)	1.12
CYCLOPHOSPHAMIDE 50MG TAB U/D (Cytoxan) ** INPATIENT USE ONLY	0.93
CYPROHEPTADINE HCL 4MG TAB (Periactin)	0.03
CYPROHEPTADINE HCL 4MG TAB U/D (Periactin) ** INPATIENT USE ONLY	0.04
CYTARABINE 100MG INJ W DIL VIAL (Cytosar U)	4.85
CYTARABINE 500MG INJ W DIL VIAL (Cytosar U)	21.38
DACARBAZINE INJ. 100MG VIAL (D.T.I.C.)	5.69
DACARBAZINE INJ. 200MG VIAL (D.T.I.C.)	9.32
DACTINOMYCIN INJ. 0.5MG VIAL (Cosmegen)	3.85
DANAZOL 200MG CAP (Danocrine)	0.99
DANAZOL 200MG CAP U/D (Danocrine) ** INPATIENT USE ONLY	1.01
DANTROLENE SODIUM 100MG CAP (Dantrium)	0.49
DANTROLENE SODIUM 100MG CAP U/D (Dantrium) ** INPATIENT USE ONLY	0.51
DANTROLENE SODIUM 20MG/ML INJ., 1ML VIAL (Dantrium)	32.78
DANTROLENE SODIUM 25MG CAP (Dantrium)	0.19

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRIC
DANTROLENE SODIUM 25MG CAP U/D (Dantrium) ** INPATIENT USE ONLY	0.16
DAUNORUBICIN INJ. 20MG VIAL (Cerubidine)	26.09
DEFEROXAMINE 500MG AMP (Desferal)	6.01
DERMACIDAL SOAP	5.50
DESIPRAMINE HCL 25MG TAB (Norpramin (Pertofrane)	0.07
DESIPRAMINE HCL 25MG TAB U/D (Pertofrane) (Norpramin) ** INPATIENT USE ONLY	0.15
DESIPRAMINE HCL 50MG TAB (Norpramin) (Pertofrane)	0.06
DESIPRAMINE HCL 50MG TAB U/D (Pertofrane) (Norpramin) ** INPATIENT USE ONLY	0.30
DESMOPRESSIN ACET 0.01% SOLN 2.5ML (D.D.A.V.P.)	28.44
DESMOPRESSIN ACET INJ 4.0MCG/ML IML AMP (D.D.A.V.P.) (Stimate) ** IFR-21 RESTRICTED TO HEME-ONC. ENDO. OR PULM (MICU)	10.47
DESOXIMETASONE CR 0.25% 15GM TUBE (Topicort)	2.54
DESOXIMETASONE CR 0.25% 60GM TUBE (Topicort)	7.61
DEXAMETHASONE 0.5MG TAB (Decadron) (Hexadrol)	0.07
DEXAMETHASONE 0.5MG TAB U/D (Dexone) (Decadron) (Hexadrol) ** INPATIENT USE ONLY	0.07
DEXAMETHASONE 4MG TAB (Decadron) (Hexadrol) (Dexone)	0.13
DEXAMETHASONE 4MG TAB U/D (Dexone) (Decadron) (Hexadrol) ** INPATIENT USE ONLY	0.24

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
DEXAMETHASONE INJ 4MG/ML, 5ML VIAL (Decadron) (Hexadrol)	0.49
DEXAMETHASONE OPHTH OINT 0.05% 3.5G (Decadron)	1.76
DEXAMETHASONE ORAL CONC 1ML/ML 30ML BTL (Decadron)	7.90
DEXTRAN 40 10%/DEXTROSE 5% 500ML BT (Rheomacrodex)	14.17
DEXTRAN 40/NORMAL SALINE 10% 500ML BT (Rheomacrodex)	14.17
DEXTRAN 70/NORMAL SALINE 6%, 500ML BT (Macrodex)	19.75
DEXTROAMPHETAMINE SULFATE 5MG TAB (Dexedrine) ** SCHEDULE II	0.03
DEXTROSE 10% BTL 1000ML	1.26
DEXTROSE 10%/NACL 0.45% BTL 1000ML	1.92
DEXTROSE 10%/NACL 0.9% BTL 1000ML	1.59
DEXTROSE 20% BTL 500ML	7.31
DEXTROSE 20% BTL 500ML (PARTIAL FILL)	3.64
DEXTROSE 40% BTL 500ML (PARTIAL FILL)	4.38
DEXTROSE 5% BAG 1000ML	0.82
DEXTROSE 5% BAG 100ML	1.26
DEXTROSE 5% BAG 250ML	0.69
DEXTROSE 5% BAG 500ML	0.68
DEXTROSE 5% BAG 50ML	1.26
DEXTROSE 5% BOTTLE 250ML	0.92
DEXTROSE 5%/0.2NS/KCL 20MEQ BAG 1000ML	1.09
DEXTROSE 5%/0.2NS/KCL 30MEQ BAG 1000ML	1.59
DEXTROSE 5%/0.45NS/KCL 20MEQ BAG 1000ML	1.45
DEXTROSE 5%/0.45NS/KCL 30 MEQ BAG 1000ML	1.59

GENERIC NAME (TRADE NAME)	DISP UNIT
DEXTROSE 5%/NACL 0.2% BAG 1000ML	
DEXTROSE 5%/NACL 0.45% BAG 1000ML	
DEXTROSE 5%/NACL 0.9% BAG 1000ML	
DEXTROSE 50% BTL 500ML (PARTIAL FILL)	
DEXTROSE 50% SYRINGE 50ML	
DEXTROSE 50% VIAL 50ML	
DEXTROSE 70% BTL 500ML (PARTIAL FILL)	
DEXTROSTIX REAGENT STRIPS-100/BTL	
DIABETIC COUGH MIXT, 120ML BTL (Cerose D.M.) ** (FR-4) NO REFILLS	
DIASTIX REAGENT STRIPS 100/BTL	
DIATRIZOATE MEGLUMINE 60% 100ML VIAL (Reno M-60)	
DIATRIZOATE MEGLUMINE 60% 150ML VI W/SET (Reno M-60)	
DIATRIZOATE MEGLUMINE 60% 50ML VIAL (Reno M-60)	
DIATRIZOATE MEGLUMINE/SOD 37% ORAL 120ML (Gastrografin)	
DIATRIZOATE MEGLUMINE/SOD 60%-50ML VIAL (Renografin 60)	
DIATRIZOATE MEGLUMINE/SOD 76%-50ML VIAL (Renografin 76) (Hypaque)	
DIAZEPAM 10MG SYRINGE (Valium)	
DIAZEPAM 10MG TAB (Valium) ** (FR-4)-NO REFILLS! (FR-2) RESTRICTED TO PSYCH. NEURO. SCI	
DIAZEPAM 10MG TAB U/D (Valium) ** INPATIENT USE ONLY (FR-4). (FR-2) PSYCH. NEURO. SCI	
DIAZEPAM 2MG TAB (Valium) ** (FR-4)-NO REFILLS! (FR-2) RESTRICTED TO PSYCH. NEURO. SCI	
DIAZEPAM 2MG TAB U/D (Valium) ** INPATIENT USE ONLY (FR-4). (FR-2) PSYCH. NEURO. SCI	

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
DIAZEPAM 5MG TAB (Valium) ** (FR-4)-NO REFILLS! (FR-2) RESTRICTED TO PSYCH. NEURO. SCI	0.01
DIAZEPAM 5MG TAB U/D (Valium) ** INPATIENT USE ONLY (FR-4), (FR-2) PSYCH. NEURO. SCI	0.13
DIAZEPAM 5MG/ML AMP 2ML (Valium)	1.61
DIAZEPAM 5MG/ML INJ 10ML VIAL (Valium)	9.50
DIAZOXIDE 15MG/ML INJ AMP 20ML (Hyperstat)	15.91
DIBUCAINE 1% OINTMENT 30 GM TUBE (Nupercainal)	0.81
DICLOXACILLIN 250MG CAP (Dynapen)	0.05
DICLOXACILLIN 250MG CAP U/D (Dynapen) ** INPATIENT USE ONLY	0.19
DIETHYLSTILBESTROL 1MG EC TAB U/D ** INPATIENT USE ONLY	0.06
DIETHYLSTILBESTROL 1MG EC TAB	0.04
DIGOXIN 0.05MG CAP (Lanoxicap)	0.03
DIGOXIN 0.05MG CAP U/D (Lanoxicap) ** INPATIENT USE ONLY	0.05
DIGOXIN 0.05MG/ML ELIXIR 60ML (Lanoxin)	2.76
DIGOXIN 0.1MG CAP (Lanoxicap)	0.02
DIGOXIN 0.1MG CAP U/D (Lanoxicap) ** INPATIENT USE ONLY	0.02
DIGOXIN 0.25MG/ML INJ AMP 2ML (Lanoxin)	0.45
DIGOXIN 0.2MG CAP (Lanoxicap)	0.02
DIGOXIN 0.2MG CAP U/D (Lanoxicap) ** INPATIENT USE ONLY	0.02
DIGOXIN IMMUNE FAB INJ 40MG VI (Digibind) ** RESTRICTED TO CARDIOLOGY (FR-1)	192.32
DILTIAZEM HCL 120MG TAB (Cardizem)	0.64

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
DILTIAZEM HCL 120MG TAB U/D (Cardizem)	0.71
DILTIAZEM HCL 30MG TAB (Cardizem)	0.17
DILTIAZEM HCL 30MG TAB U/D (Cardizem) ** INPATIENT USE ONLY	0.19
DILTIAZEM HCL 60MG TAB (Cardizem)	0.28
DILTIAZEM HCL 60MG TAB U/D (Cardizem) ** INPATIENT USE ONLY	0.31
DILTIAZEM HCL 90MG TAB (Cardizem)	0.49
DILTIAZEM HCL 90MG TAB U/D (Cardizem)	0.55
DIMERCAPROL 100MG IN OIL/ML.3ML AMP (B.A.L.)	3.67
DIPHENHYDRAMINE HCL 10MG/ML 10ML VIALS (Benadryl)	0.95
DIPHENHYDRAMINE HCL 12.5MG/5ML ELX 120ML (Benadryl)	0.95
DIPHENHYDRAMINE HCL 25MG CAP (Benadryl)	0.01
DIPHENHYDRAMINE HCL 25MG CAP U/D (Benadryl) ** INPATIENT USE ONLY	0.03
DIPHENHYDRAMINE HCL 25MG/10ML ELX 10ML (Benadryl)	0.19
DIPHENHYDRAMINE HCL 50MG CAP (Benadryl)	0.01
DIPHENHYDRAMINE HCL 50MG CAP U/D (Benadryl) ** INPATIENT USE ONLY	0.03
DIPHENHYDRAMINE HCL 50MG/1ML AMP (Benadryl)	0.23
DIPHENOXYLATE 2.5MG/ATROP .025MG TAB U/D (Lomotil) ** INPATIENT USE ONLY	0.02
DIPHENOXYLATE 2.5MG/ATROPINE 0.025MG TAB (Lomotil)	0.01
DIPIVEFRIN HCL 0.1% OPHTH SOLN 10ML BTL (Propine)	7.84
DIPYRIDAMOLE 25MG TAB (Persantine)	0.01
DIPYRIDAMOLE 25MG TAB U/D (Persantine) ** INPATIENT USE ONLY	0.05

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
DIPYRIDAMOLE 75MG TAB (Persantine)	0.03
DIPYRIDAMOLE 75MG TAB U/D (Persantine) ** INPATIENT USE ONLY	0.08
DISOPYRAMIDE PHOSPHATE 100 MG CAP U/D (Norpace) ** INPATIENT USE ONLY	0.17
DISOPYRAMIDE PHOSPHATE 100MG CAP (Norpace)	0.15
DISOPYRAMIDE PHOSPHATE 150 MG CAP U/D (Norpace) ** INPATIENT USE ONLY	0.19
DISOPYRAMIDE PHOSPHATE 150MG CAP (Norpace)	0.16
DISULFIRAM 250MG TAB (Antabuse)	0.03
DISULFIRAM 250MG TAB U/D (Antabuse) ** INPATIENT USE ONLY	0.27
DISULFIRAM 500MG TAB (Antabuse)	0.05
DISULFIRAM 500MG TAB U/D (Antabuse) ** INPATIENT USE ONLY	0.58
DIVALPROEX SODIUM 250MG TAB (Depakote)	0.23
DIVALPROEX SODIUM 250MG TAB U/D (Depakote) ** INPATIENT USE ONLY	0.26
DOBUTAMINE INJ. 250MG/20ML VIAL (Dobutrex)	19.31
DOCUSATE CALCIUM 240MG CAP (Surfak)	0.10
DOCUSATE CALCIUM 240MG U/D (Surfak) ** INPATIENT ONLY	0.07
DOCUSATE SODIUM 100MG/30ML. U/D (Colace)	0.32
DOCUSATE SODIUM 50MG/15ML. U/D (Colace)	0.26
DOCUSATE SODIUM 50MG/5ML LIQ 480ML BT ** CONCENTRATED SOLUTION - USUAL DOSE 5ML	2.74
DOME-PASTE 4IN X 360IN EACH (Unnas Boot)	2.07
DOPAMINE INJ. 400MG/5ML SYRINGE (Intropin)	5.60

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
DOPAMINE INJ. 400MG/5ML VIAL (Intropin)	4.62
DOXAPRAM HCL 20MG/ML INJ VIAL 20ML (Dopram)	8.35
DOXEPIN HCL 25MG CAP (Sinequan)	0.03
DOXEPIN HCL 25MG CAP U/D (Sinequan) ** INPATIENT USE ONLY	0.15
DOXEPIN HCL 50MG CAP (Sinequan)	0.06
DOXEPIN HCL 50MG CAP U/D (Sinequan) ** INPATIENT USE ONLY	0.21
DOXORUBICIN INJ. 10MG VIAL (Adriamycin)	25.47
DOXORUBICIN INJ. 50MG VIAL (Adriamycin)	127.35
DOXYCYCLINE 100MG CAP (Vibramycin)	0.06
DOXYCYCLINE 100MG CAP U/D (Vibramycin)	0.13
DOXYCYCLINE HYCLATE INJ 100MG VIAL (Vibramycin)	7.88
DRAIN 2 IN. IRRIGATION. 30/BX H7194	14.80
DRAIN 3 IN. IRRIGATION. 25/BX H7196	13.20
DRAIN 3 IN. IRRIGATION. 30/BX H7724	15.78
DRAIN CLAMP NO. 1-7001	1.04
DRAIN NIGHT SYSTEM NO. 4001	7.10
DRAINABLE POUCH H 2-1/4 IN H3803	1.07
DRAINABLE POUCH H 2-3/4 IN H3804	10.70
DRAINABLE POUCH/FLANGE 4IN H3806	1.07
DRAINAGE SET CLOSED 9/32 IN BAND 154002	0.33
DRAINAGE TUBE URIN LUMEN 3/16X60 017516	0.83
DRAINAGE TUBE URIN LUMEN 9/32X60 017518	1.13
DRESSING NON-ADHERING OMENS 3X8IN 36/BX	57.07

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
DRESSING OP-SITE 5X7.5CM 10/BX (Op Site)	11.05
DRESSING TEGADERM 2 3/8 X 2 3/4IN (Tegaderm)	0.56
DRESSING WET 8X10 CURITY 12 PACKS/BOX	12.96
DRESSING WET 8X4IN CURITY SALINE 12/BOX	9.42
DRESSING WET 8X4IN CURITY WATER 12/BOX	8.46
DROPERIDOL INJ. 2.5MG/ML, 2ML AMP (Inapsine)	2.10
DROPERIDOL INJ. 2.5MG/ML, 5ML AMP (Inapsine)	3.41
DUODERM DRESSING STER 4X4, 5/PK	14.19
DUODERM GRANULES 5 PKS/BX	13.49
ECHOTHIOPHATE IODIDE 0.125% OPH SOLN 5ML (Phospholine Iodide)	7.94
ECHOTHIOPHATE IODIDE 0.25% OPH SOLN 5ML (Phospholine Iodide)	5.20
EDROPHONIUM 10MG/ML - 10ML VIAL (Tensilon)	7.97
ELASTOPLAST, 1 X 5 YD, EA	0.63
ENCAINIDE 25MG CAP (Enkaid) ** RESTRICTED TO CARDIOLOGY (FR-2)	0.37
ENCAINIDE 25MG CAP U/D (Enkaid) ** (FR-2) RESTRICTED TO CARDIOLOGY--INPATIENT USE ONLY	0.41
ENCAINIDE 35MG CAP (Enkaid) ** RESTRICTED TO CARDIOLOGY (FR-2)	0.84
ENCAINIDE 35MG CAP U/D (Enkaid) ** (FR-2) RESTRICTED TO CARDIOLOGY--INPATIENT USE ONLY	0.94
ENCAINIDE 50MG CAP (Enkaid) ** RESTRICTED TO CARDIOLOGY (FR-2)	0.72
ENCAINIDE 50MG CAP U/D (Enkaid) ** (FR-2) RESTRICTED TO CARDIOLOGY--INPATIENT USE ONLY	0.71
ENEMA ADMINISTRATION UNIT DISPOSABLE ** (FR-4) NO REFILLS	0.89
ENFLURANE INH, 125ML BT (Ethrane)	44.00

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
ENFLURANE INH. 250ML BT (Ethrane)	76.00
EPHEDRINE 50MG/ML INJ 1ML AMP	0.80
EPINEPHRINE 1% OPH. 1ML DROPPETTE	0.73
EPINEPHRINE BITARTRATE OPTH 2% 7.5ML BT (Epitrate)	2.99
EPINEPHRINE BORATE OPHTH 0.5% 7.5ML BT (Eppy N) (Epinal)	3.53
EPINEPHRINE BORATE OPHTH 1%. 7.5ML BT (Eppy N) (Epinal)	2.09
EPINEPHRINE INH. 1:100. 7.5ML BOTTLE	3.93
EPINEPHRINE INJ. 1:10.000. 10ML SYRINGE	1.63
EPINEPHRINE INJ. 1:1000. 1ML AMP	0.23
EPINEPHRINE INJ. 1:1000. 30ML VIAL	1.87
ERGOCALCIFEROL 50.000U (1.25MG) CAP U/D (Deltalin) ** INPATIENT USE ONLY	0.07
ERGOCALCIFEROL 50.000U(1.25MG) CAP (Deltalin)	0.05
ERGONOVINE MALEATE 0.2MG/ML/AMP (Methergine)	0.72
ERGOTAMINE TARTRATE 1 MG/CAFF. TAB U/D (Cafergot) ** INPATIENT USE ONLY	0.27
ERGOTAMINE TARTRATE 1MG/CAFF TAB (Cafergot)	0.27
ERGOTAMINE TARTRATE 2MG/CAFF. SUPP (Cafergot)	0.96
ERIKA CONCENTRATE 55 GALLON DRUM	130.00
ERYTHROMYCIN BASE 250MG TAB	0.05
ERYTHROMYCIN BASE 250MG TAB U/D ** INPATIENT USE ONLY	0.07
ERYTHROMYCIN ETHYLSUCC SUSP 400MG/5ML (E.E.S.)	0.07
ERYTHROMYCIN LACTOBIONATE 1GM VIAL	1.74
ERYTHROMYCIN STEARATE 250MG TAB U/D ** INPATIENT USE ONLY	0.13

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
ERYTHROMYCIN STEARATE 250MG TAB	0.10
ESMOLOL HCL INJ 0.25MG/ML, 10ML AMP (Brevibloc) ** RESTRICTED TO OR AND CCU (STOCK)	18.50
ESTROGENS 0.625MG/GM VAG CRM 42.5GM (Premarin)	7.44
ESTROGENS, CONJ. 0.625 MG TAB U/D (Premarin)	0.19
ESTROGENS, CONJ. 0.625MG TAB (Premarin)	0.03
ETHACRYNIC ACID 50MG INJ VIAL (Edecrin)	7.39
ETHACRYNIC ACID 50MG TAB (Edecrin)	0.13
ETHACRYNIC ACID 50MG TAB U/D (Edecrin) ** INPATIENT USE ONLY	0.18
ETHAMBUTOL HCL 100MG TAB (Myambutol)	0.15
ETHAMBUTOL HCL 100MG TAB U/D (Myambutol) ** INPATIENT USE ONLY	0.20
ETHAMBUTOL HCL 400MG TAB (Myambutol)	0.35
ETHAMBUTOL HCL 400MG TAB U/D (Myambutol) ** INPATIENT USE ONLY	0.31
ETHIODIZED OIL 10ML AMP (Ethiodol)	10.04
ETHOTOIN 500MG TAB (Peganone)	0.18
ETHOTOIN 500MG TAB U/D (Peganone) ** INPATIENT USE ONLY	0.23
ETIDRONATE DISODIUM INJ 300MG/6ML AMP (Didronel)	25.00
ETIDRONATE DISODIUM 200MG TAB (Didronel)	0.60
ETIDRONATE DISODIUM 200MG TAB U/D (Didronel) ** INPATIENT USE ONLY	0.65
ETOPOSIDE 50MG CAPSULE (Vepesid)	18.45
ETOPOSIDE INJ. 100MG AMP (Vepesid)	41.69
ETOPOSIDE INJ. 50MG AMP (Vepesid)	31.50

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
EVACUATED CONTAINER STERILE 1000ML BT	1.99
EVACUATED CONTAINER STERILE 250ML BT	1.38
EVANS BLUE INJ. 5MG/ML. 5ML AMP	2.92
EXAMINATION GLOVES LARGE 100/BX	3.15
EXAMINATION GLOVES MED. 100/BX	3.15
EYE PAD STERILE	0.10
EYE PATCH CLOTH BLACK	0.20
FACE PLATE 1 1/2IN FLAT	2.50
FACE PLATE 1 INCH (UNITED) #2451	15.00
FACE PLATE 1 INCH OPENING (MARLEN)	15.15
FACE PLATE 2 1/2IN REG 8301-00	9.50
FACE PLATE CONVEX REG SEMI-FLEX 1 IN ** 1", NO HOOK	10.00
FACE PLATE FLAT VINYL FLEX 1 IN (MARLEN)	11.00
FACE PLATE. UNIVERSAL (UNITED) #2461	7.50
FAT EMULSION 20% 250ML BTL (Bayaral) (Intralipid)	0.70
FEEDING SET GRAVITY. KANGAROO 9-7024	2.95
FENTANYL INJ. 0.05MG/ML. 2ML AMP (Sublimaze)	0.96
FENTANYL INJ. 0.05MG/ML. 5ML AMP (Sublimaze)	2.25
FERRIC SUBSULFITE SOL 500ML BOTTLE	18.20
FERROUS SULFATE 300MG TAB U/D (Feosol) ** INPATIENT USE ONLY	0.02
FERROUS SULFATE 300MG TABLET	0.01
FERROUS SULFATE 300MG/5ML ELX - 5ML (Feosol) ** INPATIENT USE ONLY	0.16

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
FERROUS SULFATE 40 MG/ML ELX (Feosol)	0.01
FILTER FOR DRAIN POUCH H77AS	0.15
FINGER COTS	0.02
FLANGE CAP 2 1/4IN. 25/BX 0242-62	0.72
FLANGE FLEXIBLE SURFIT 1 1/4IN 5/PKG	9.87
FLECAINIDE 100MG TAB (Tambocor) ** (FR-23 RESTRICTED TO CARDIOLOGY	0.50
FLECAINIDE 100MG TAB U/D (Tambocor) ** (FR-23 RESTRICTED TO CARDIOLOGY--INPATIENT USE ONLY	0.55
FLEXIBLE COLLODION 480ML BOTTLE	12.00
FLUDROCORTISONE 0.1MG TAB (Florinef)	0.04
FLUDROCORTISONE 0.1MG TAB U/D (Florinef) ** INPATIENT USE ONLY	0.06
FLUOCINOLONE/NEOMYCIN 0.25%/.5% CRM 15GM (Neo Synalar)	5.74
FLUOCINONIDE 0.05% CREAM. 15GM TUBE (Lidex)	3.03
FLUOCINONIDE 0.05% CREAM. 60GM TUBE (Lidex)	6.12
FLUOCINONIDE 0.05% OINT. 15GM TUBE (Lidex)	4.07
FLUOCINONIDE 0.05% OINT. 60GM TUBE (Lidex)	10.15
FLUOCINONIDE-E CR 0.05%. 60GM TUBE (Lidex E)	10.15
FLUORESCEIN BENOXINATE OPH 5ML BTL (Fluress)	2.69
FLUORESCEIN SODIUM 10% 5ML AMP (Fluorescite)	9.08
FLUORESCEIN STRIP	14.86
FLUOROMETHOLONE OPH SOLN 15ML (F.M.L.)	5.39
FLUOROURACIL 2% SOLN. 10ML BTL (Efudex)	9.37
FLUOROURACIL 5% CREAM. 25GM TUBE (Efudex)	9.64
FLUOROURACIL 5% SOLN. 10ML BTL (Efudex)	10.23

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRI
FLUOROURACIL 500MG INJ. AMP	0.72
FLUOROURACIL 500MG/10ML INJ VIAL	6.80
FLUOXETINE HCL 20MG CAP (Prozac) ee (FR-2) RESTRICTED TO PSYCHIATRY SERVICE	1.10
FLUOXETINE HCL 20MG CAP U/D (Prozac) ee (FR-2) RESTRICTED TO PSYCHIATRY--INPATIENT USE ONLY	1.15
FLUOXYMESTERONE 10MG TAB (Halotestin)	0.26
FLUOXYMESTERONE 10MG TAB U/D (Halotestin) ee INPATIENT USE ONLY	0.41
FLUOXYMESTERONE 5MG TAB (Halotestin)	0.40
FLUOXYMESTERONE 5MG TAB U/D (Halotestin) ee INPATIENT USE ONLY	0.40
FLUPHENAZINE DEC INJ. 25MG/ML. 1ML 6YR (Prolixin Decanoate)	8.37
FLUPHENAZINE DEC INJ. 25MG/ML. 5ML VIAL (Prolixin Decanoate)	31.96
FLUPHENAZINE HCL 10MG TAB (Prolixin) (Permitil)	0.55
FLUPHENAZINE HCL 10MG TAB U/D (Prolixin) (Permitil) ee INPATIENT USE ONLY	0.80
FLUPHENAZINE HCL 1MG TAB (Prolixin) (Permitil)	0.24
FLUPHENAZINE HCL 1MG TAB U/D (Prolixin) (Permitil) ee INPATIENT USE ONLY	0.34
FLUPHENAZINE HCL 2.5MG TAB (Prolixin) (Permitil)	0.07
FLUPHENAZINE HCL 2.5MG TAB U/D (Prolixin) (Permitil) ee INPATIENT USE ONLY	0.31
FLUPHENAZINE HCL 2.5MG/ML INJ 10ML VIAL (Prolixin)	18.50
FLUPHENAZINE HCL 5MG TAB (Prolixin) (Permitil)	0.15

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
FLUPHENAZINE HCL 5MG TAB U/D (Prolixin) (Permitil) ** INPATIENT USE ONLY	0.44
FLUPHENAZINE HCL 5MG/ML SOL. 120ML BTL (Prolixin) (Permitil)	27.80
FOAM WRAP W/ADHESIVE FOR EXT CATH	0.00
FOLIC ACID 1MG TAB (Folvite)	0.05
FOLIC ACID 1MG TAB U/D (Folvite) ** INPATIENT USE ONLY	0.10
FOLIC ACID 5MG/ML INJ. 10ML VIAL (Folvite)	6.15
FORMALDEHYDE 10% LIQ., 3.78ORL BTL	9.89
FREEZERM REFRIGERANT AEROSOL 24ML	4.95
FULL LEG STYLE, MED-LONG NO. 3049	8.10
FULL LEG STYLE, MED-REG NO. 3[illegible]	8.10
FULL LEG STYLE, SMALL-REG NO. 3039	8.10
FULL LEG STYLE, X-SMALL-LONG NO. 3330	11.07
FULL LEG STYLE, X-SMALL-REG NO. 3306	8.10
FUROSEMIDE 10MG/ML 10ML INJ AMP (Lasix)	1.15
FUROSEMIDE 10MG/ML 2ML INJ AMP (Lasix)	0.21
FUROSEMIDE 10MG/ML SYRUP BTL 60ML (Lasix)	6.15
FUROSEMIDE 20MG TAB (Lasix)	0.05
FUROSEMIDE 20MG TAB U/D (Lasix) ** INPATIENT USE ONLY	0.03
FUROSEMIDE 40MG TAB (Lasix)	0.01
FUROSEMIDE 40MG TAB U/D (Lasix) ** INPATIENT USE ONLY	0.03
GAUZE, STERI-PAD 4IN 100/BX	11.76

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
GEMFIBROZIL 300MG CAP (Lopid) ** RESTRICTED TO CARDIO. ENDO OR MICHAEL GOLUB. MD (FR-3)	0.18
GEMFIBROZIL 300MG CAP U/D (Lopid) ** (FR-3) RESTRICTED TO CARDIO. ENDO. M GOLUB MD--INPATIENT USE ONLY	0.23
GENTAMICIN CRM 0.1% 15GM	4.70
GENTAMICIN INJ. 80MG/2ML. 30ML VIAL (Garamycin)	3.39
GENTAMICIN INJ. 80MG/2ML. 2ML VIAL (Garamycin)	0.22
GENTAMICIN OPTH SOLN 15MG/ML (PORTIPID) ** OPHTHALMOLOGY APPROVAL REQUIRED--SPECIAL COMPOUNDING REQ'D	0.01
GENTAMICIN OINT 3MG/GM OPH OINT 3.5GM (Garamycin Ophth)	3.07
GENTAMICIN SOLP 3MG/ML OPH SOL 5ML (Garamycin Ophth)	0.72
GLIPIZIDE 10MG TAB (Glucotrol)	0.25
GLIPIZIDE 10MG TAB U/D (Glucotrol) ** INPATIENT USE ONLY	0.30
GLIPIZIDE 5MG TAB (Glucotrol)	0.14
GLIPIZIDE 5MG TAB U/D (Glucotrol) ** INPATIENT USE ONLY	0.18
GLUCAGON 10MG/10ML VI	119.70
GLUCAGON 1MG/ML.1ML VI	12.15
GLUCOSE ORAL 80GM BTL (Glutose) ** (FR-4) NO REFILLS	1.80
GLYBURIDE 2.5MG TAB (Micronase) (Diabeta)	0.09
GLYBURIDE 2.5MG TAB U/D (Micronase) (Diabeta) ** INPATIENT USE ONLY	0.14
GLYBURIDE 5MG TAB (Micronase) (Diabeta)	0.18
GLYBURIDE 5MG TAB U/D (Micronase) (Diabeta) ** INPATIENT USE ONLY	0.16

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
GLYCERIN ADULT RECTAL SUPPOSITORIES ** IFR-4] NO REFILLS	0.30
GLYCERIN SOLN 50%, 180ML BTL (Hemolyn) ** ORAL SOLUTION	0.15
GLYCINE IRRIG. SOL. 1.5%, 3000ML BG	6.92
GLYCOPYRROLATE INJ 200 MCG/ML, 1ML VIAL (Robinul)	0.45
GLYCOPYRROLATE INJ 200MCG/ML, 2ML VIAL (Robinul)	4.00
GOLD SODIUM THIOMALATE 50MG /ML, 1ML AM (Myochrysine) ** RESTRICTED TO RHEUMATOLOGY [FR-1]	3.07
GOLD SODIUM THIOMALATE 50MG/ML,10ML VI (Myochrysine) ** RESTRICTED TO RHEUMATOLOGY [FR-1]	32.23
GOLYTELY (Colyte)	0.01
GONADORELIN 100MCG VIAL (Factrel)	23.34
GONADORELIN 500MCG VIAL (Factrel)	23.34
GONIOSCOPIC PRISM, 15ML BT	4.17
GRAPE SYRUP 378ML BTL	8.10
GREER IRRIGATION KIT 1 1/2IN (4044)	37.00
GRISEOFULVIN 250MG MICROSIZE TAB U/D (Grisactin) (Gri-fulvin) ** INPATIENT USE ONLY	0.21
GRISEOFULVIN 250MG MICROSIZE TAB (Grisactin) (Gri-fulvin)	0.32
GRISEOFULVIN 500MG MICROSIZE TAB (Grisactin) (Gri-fulvin)	0.21
GUAIFENESIN DM SYRUP 120ML BT (Robitussin DM)	1.42
GUAIFENESIN DM SYRUP 5ML U/D	0.22
GUAIFENESIN SYR, 100MG/5ML, 120ML BTL (Robitussin) ** [FR-4] NO REFILLS	3.36
GUAIFENESIN SYR, 100MG/5ML, 5ML U/D (Robitussin) ** INPATIENT ONLY	0.12

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
HALCINONIDE 0.1% CREAM, 15Gm TUBE (Halog)	6.95
HALCINONIDE 0.1% CREAM, 60Gm TUBE (Halog)	7.35
HALCINONIDE 0.1% OINT, 15Gm TUBE (Halog)	6.32
HALCINONIDE 0.1% OINT, 60Gm TUBE (Halog)	6.75
HALOPERIDOL 0.5MG TAB (Haldol)	0.07
HALOPERIDOL 0.5MG TAB U/D (Haldol) ** INPATIENT USE ONLY	0.10
HALOPERIDOL 10MG TAB (Haldol)	0.20
HALOPERIDOL 10MG TAB U/D (Haldol) ** INPATIENT USE ONLY	0.25
HALOPERIDOL 1MG TAB (Haldol)	0.01
HALOPERIDOL 1MG TAB U/D (Haldol) ** INPATIENT USE ONLY	0.10
HALOPERIDOL 20MG TAB (Haldol)	0.45
HALOPERIDOL 20MG TAB U/D (Haldol) ** INPATIENT USE ONLY	0.75
HALOPERIDOL 2MG TAB (Haldol)	0.01
HALOPERIDOL 2MG TAB U/D (Haldol) ** INPATIENT USE ONLY	0.14
HALOPERIDOL 2MG/ML CONC 120ML BT (Haldol)	6.36
HALOPERIDOL 2MG/ML CONC 240ML BT (Haldol)	6.75
HALOPERIDOL 2MG/ML SOL, 15ML BTL (Haldol)	4.09
HALOPERIDOL 5MG TAB (Haldol)	0.01
HALOPERIDOL 5MG TAB U/D (Haldol) ** INPATIENT USE ONLY	0.20
HALOPERIDOL 5MG/ML INJ, 1ML AMP (Haldol)	0.89
HALOPERIDOL 5MG/ML INJ, 1ML SYRINGE (Haldol)	2.10

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
HALOPERIDOL DECANOATE 50MG INJ 5ML VIAL (Haldol Decanoate) ** RESTRICTED PSYCHIATRY SERVICE (FR-1) NO REFILLS	13.00
HALOPERIDOL DECANOATE 50MG/1ML AMP (Haldol Decanoate) ** RESTRICTED TO PSYCHIATRY SERVICE (FR-1) NO REFILLS	11.27
HALOTHANE INH. 125ML BT (Fluothane)	5.05
HALOTHANE INH. 250ML BT (Fluothane)	26.76
HCTZ/TRIAMTERENE 25MG/50MG CAP U/D (Dyazide) ** INPATIENT USE ONLY	0.10
HCTZ/TRIAMTERENE 25MG/50MG CAP (Dyazide)	0.09
HEMATEST REAGENT TABS-100/BTL	6.70
HEMORRHOIDAL PADS 100/JAR (Tucks)	2.04
HEMORRHOIDAL SUPPOSITORIES (Anusol Suppositories) ** INPATIENT USE ONLY	0.05
HEMORRHOIDAL SUPPOSITORIES/HYDROCORT (Anusol H.C.)	0.56
HEPARIN 100U/ML INJ 10ML/VIAL	0.43
HEPARIN SOD 10,000U/ML INJ VIAL 4ML	1.08
HEPARIN SOD 1000U/ML INJ VIAL 30ML	0.81
HEPARIN SOD. (BEEF) 1000U/ML 30ML VL	5.95
HEPATITIS B VACCINE 2ML VIAL (Recombivax)	114.57
HEPATITIS-B IMMUNE GLOBULIN 5ML VI (H-BIG) (Gamnagee) (Hyperhep)	178.19
HETASTARCH 6% IV. 500ML BT (Hespan)	39.50
HEXACHLOROPHENE 150ML BT (Phisohex) ** RESTRICTED TO MRSA PATIENTS	4.80
HEXACHLOROPHENE 9ML PKT (Phisohex) ** RESTRICTED TO MRSA PATIENTS	0.20
HISTOPLASMIN. DILUTED SKIN TEST 1ML VL	6.41

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
HOMATROPINE OPHTH 2%. 15ML BTL (Isopto Homatropine)	1.15
HOMATROPINE OPHTH 2%. 1ML DROPPETTE (Isopto Homatropine)	0.85
HOMATROPINE OPHTH 5%. 15ML BTL (Isopto Homatropine)	1.30
HOMATROPINE OPHTH 5%. 1ML DROPPETTE (Isopto Homatropine)	0.73
HYALURONIDASE INJ. 150U/ML. 1ML VIAL (Wydase)	2.30
HYDRALAZINE HCL 10MG TAB (Apresoline)	0.01
HYDRALAZINE HCL 10MG TAB U/D (Apresoline) ** INPATIENT USE ONLY	0.04
HYDRALAZINE HCL 20MG/ML INJ. 1ML AMP (Apresoline)	1.32
HYDRALAZINE HCL 25MG TAB (Apresoline)	0.01
HYDRALAZINE HCL 25MG TAB U/D (Apresoline) ** INPATIENT USE ONLY	0.03
HYDRALAZINE HCL 50MG TAB (Apresoline)	0.02
HYDRALAZINE HCL 50MG TAB U/D (Apresoline) ** INPATIENT USE ONLY	0.04
HYDROCHLOROTHIAZIDE 25MG TAB (Esidrix) (Hydrodiuril)	0.01
HYDROCHLOROTHIAZIDE 25MG TAB U/D (Esidrix) (Hydrodiuril) ** INPATIENT USE ONLY	0.02
HYDROCHLOROTHIAZIDE 50MG TAB (Esidrix) (Hydrodiuril)	0.01
HYDROCHLOROTHIAZIDE 50MG TAB U/D (Esidrix) (Hydrodiuril) ** INPATIENT USE ONLY	0.03
HYDROCORTISONE 20MG TAB (Cortef)	0.15
HYDROCORTISONE 20MG TAB U/D (Cortef) ** INPATIENT USE ONLY	0.17
HYDROCORTISONE 5MG TAB (Cortef)	0.07

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
HYDROCORTISONE CR 1% 30GM REC TUBE (Proctocort)	4.55
HYDROCORTISONE CREAM 1%. 30GM TUBE	1.17
HYDROCORTISONE CREAM 1%. 454GM JR	10.10
HYDROCORTISONE ENEMA 100MG/60ML BTL (Cortenema)	1.96
HYDROCORTISONE INJ 1000MG/8ML. 8ML VIAL (Solu Cortef)	16.90
HYDROCORTISONE INJ 100MG/2ML. 2ML VI (Solu Cortef)	0.86
HYDROCORTISONE INJ 500MG/4ML. 4ML VIAL (Solu Cortef)	3.76
HYDROCORTISONE LOTION 1%. 30ML BTL (Texacort)	2.49
HYDROCORTISONE OINT 1%. 30GM TUBE	1.68
HYDROCORTISONE OINT 1%. 454GM JAR	18.00
HYDROGEN PEROXIDE 3%. 480ML BTL	0.25
HYDROMORPHONE HCL 2MG TAB (Dilaudid)	0.16
HYDROMORPHONE HCL 2MG TAB 25/PG U/D (Dilaudid) ** INPATIENT USE ONLY	4.18
HYDROMORPHONE HCL 2MG/ML INJ 1ML (Dilaudid)	0.47
HYDROMORPHONE HCL 4MG TAB (Dilaudid)	0.27
HYDROMORPHONE HCL 4MG TAB 25/PG U/D (Dilaudid) ** INPATIENT USE ONLY	7.91
HYDROMORPHONE HCL 4MG/ML INJ 1ML (Dilaudid)	0.87
HYDROPHILIC PETROLATUM 454GM JAR (Aquaphor)	5.61
HYDROQUINONE CREAM 2%. 30GM TUBE (Eldoquin)	6.68
HYDROQUINONE FORTE CR 4%. 30GM TUBE (Eldoquin Forte)	9.25
HYDROXYCHLOROQUINE SULF 200 MG TAB U/D (Plaquenil) ** INPATIENT USE ONLY	0.25
HYDROXYCHLOROQUINE SULF 200MG TAB (Plaquenil)	0.43
HYDROXYUREA 500MG CAP (Hydrea)	0.51

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPE UNIT FO
HYDROXYUREA 500MG CAP U/D (Hydrea) ** INPATIENT USE ONLY	0.5
HYDROXYZINE HCL 10MG TAB (Atarax)	0.(
HYDROXYZINE HCL 10MG TAB U/D (Atarax) ** INPATIENT USE ONLY	0.(
HYDROXYZINE HCL 25MG TAB (Atarax)	0.(
HYDROXYZINE HCL 25MG TAB U/D (Atarax) ** INPATIENT USE ONLY	0.2
HYDROXYZINE HCL 50MG/ML INJ 10ML VIAL (Atarax)	0.(
HYDROXYZINE PAMOATE 50MG CAP (Vistaril)	0.(
HYDROXYZINE PAMOATE 50MG CAP U/D (Vistaril) ** INPATIENT USE ONLY	0.(
HYOSCYAMINE 0.15MG TAB (Cystospaz)	0.
HYOSCYAMINE 0.15MG TAB U/D (Cystospaz) ** INPATIENT USE ONLY	0.
HYPERLITE INJ. 20ML VIAL	0.
IBUPROFEN 600MG TAB (Motrin)	0.
IBUPROFEN 600MG TAB U/D (Motrin) ** INPATIENT USE ONLY	0.
IBUPROFEN 800MG TAB (Motrin)	0.
IBUPROFEN 800MG TAB U/D (Motrin) ** INPATIENT USE ONLY	0.
ILEOSTOMY CONVEX BASE PLATE 1IN	5.
IMIPENEM/C"LASTATIN SODIUM 500MG VIAL (Primaxin) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	18.
IMIPRAMINE HCL 10MG TAB (Tofranil)	0.
IMIPRAMINE HCL 10MG TAB U/D (Tofranil) ** INPATIENT USE ONLY	0.
IMIPRAMINE HCL 25MG TAB (Tofranil)	0.

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
IMIPRAMINE HCL 25MG TAB U/D (Tofranil) ** INPATIENT USE ONLY	0.03
IMIPRAMINE HCL 50MG TAB (Tofranil)	0.01
IMIPRAMINE HCL 50MG TAB U/D (Tofranil) ** INPATIENT USE ONLY	0.05
IMIPRAMINE PAMOATE 150MG CAP (Tofranil P.M.)	0.32
IMIPRAMINE PAMOATE 150MG CAP U/D (Tofranil P.M.) ** INPATIENT USE ONLY	0.37
IMIPRAMINE PAMOATE 75MG CAP (Tofranil P.M.)	0.19
IMIPRAMINE PAMOATE 75MG CAP U/D (Tofranil P.M.) ** INPATIENT USE ONLY	0.24
IMMUNE GLOBULIN IV 5% 50ML VL(GAMIMUNE) (Gamimune) ** RESTRICTED TO HEMATOLOGY-ONCOLOGY (FR-1)	85.00
IMMUNE SERUM GLOBULIN 10ML VIAL (Gamma Globulin)	6.00
INDIGOTINDISULFONATE SOD 8MG/ML-5ML AMP (Indigo Carmine)	1.24
INDOMETHACIN 25MG CAP (Indocin) ** (FR-4). (FR-2) RESTRICTED TO RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.02
INDOMETHACIN 25MG CAP U/D (Indocin) ** INPATIENT USE (FR-4). (FR-2) RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.24
INDOMETHACIN 50MG CAP (Indocin) ** (FR-4). (FR-2) RESTRICTED TO RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.02
INDOMETHACIN 50MG CAP U/D (Indocin) ** INPATIENT USE (FR-4). (FR-2) RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.36
INFLUENZA VACCINE. 1ML/DOSE	1.03
INSERTS CONVEX 1 1/4 IN SMALL 10/BX A210	3.85
INSERTS DISP CONVEX SURFIT 1 5/8 10/BX	4.51
INSERTS DISP CONVEX SURFIT 1 1/4 10/BX	4.13
INSERTS DISP CONVEX SURFIT 1 1/8 5/BX	4.50
INSERTS DISP. CONVEX SURFIT 1 1/2 10/BX	4.51

GENERIC NAME (TRADE NAME)

INSULIN HUMAN, U-100, LENTE 10ML

INSULIN HUMAN, U-100, NPH 10ML (Insulatard Human)

INSULIN HUMAN, U-100, REGULAR 10ML (Velosulin Human)

INSULIN PUR BEEF, U-100 NPH 10ML

INSULIN PUR BEEF, U-100 REG 10ML

INSULIN PUR BEEF, U-100 ULTRA-LENTE 10ML

INSULIN PUR PORK, U-100 LENTE 10ML

INSULIN PUR PORK, U-100 NPH 10ML

INSULIN PUR PORK, U-100 REG 10ML

INSULIN PUR PORK, U-100 SEMI-LENTE 10ML

INULIN 100MG/ML - 50 ML AMP

IODINE SOL, 5% BTL, (Lugols Solution)
** REQUIRES 24 HOUR NOTICE FOR COMPOUNDING

IODIPAMIDE MEGLUMINE 26% - 20ML VIAL (Cholografin)

IODIPAMIDE MEGLUMINE 52% -20ML VIAL

IODOCHLORHYDROXYQUIN/HC 3%/1% 20GM TUBE (Vioform H.C.)

IOHEXOL (150MG IODINE/ML) 20ML VIAL (Omnipaque 180)

IOHEXOL (240MG IODINE/ML) 10ML VIAL (Omnipaque 240)

IOHEXOL (350MG IODINE/ML) 50ML VIAL (Omnipaque 350)

IOTHALAMATE MEGLUMINE 60% - 50 ML VIAL (Conray)

IOXAGLIC ACID MEG/SODIUM 20ML (Hexabrix)

IOXAGLIC ACID MEG/SODIUM 50ML (Hexabrix)

IPECAC SYRUP, 15ML BOTTLE

IPODATE CALCIUM 38% PACKET (Oragrafin)

IPODATE CALCIUM 500MG CAP U/D (Oragrafin)

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
IPRATROPIUM BR 14GM/AERO INH	12.42
IRON DEXTRAN 50MG/ML - 2ML AMP (Inferon)	5.95
IRRIGATION SET COLOSTOMY 2IN BREER 6076	5.95
IRRIGATION SET COLOSTOMY REG 8131-00	9.33
IRRIGATION SLEEVE 1 3/4IN 10/BX 0242-52	9.33
IRRIGATION SLEEVE 2 1/4IN 5/BX 0242-53	5.10
IRRIGATION TRAY Pi6TON NELCON 735	11.07
IRRIGATOR SET, VIBI-FLOW 0227-35	5.25
ISOETHARINE SOL. 1% 10ML BOTTLE (Bronkosol)	5.25
ISOFLURANE 100ML BT (Forane)	6.65
ISONIAZID 300MG TAB	9.18
ISONIAZID 300MG TAB U/D ** INPATIENT USE ONLY	2.00
ISOPROPYL ALCOHOL 70%, 3840ML BTL	13.09
ISOPROPYL ALCOHOL 70%, 480ML BTL	10.04
ISOPROTERENOL 1:200 INH SOLN, 10ML BTL (Isuprel)	1.33
ISOPROTERENOL 1:5000 INJ 5ML AMP (Isuprel)	42.26
ISOPROTERENOL 1:5000 INJ 5ML SYRINGE (Isuprel)	41.12
ISOPROTERENOL HCL AEROSOL 15ML BT (Isuprel)	45.00
ISOPROTERENOL SULF AEROSOL 22.5ML BTL (Medihaler Iso)	3.36
ISOSORBIDE DINITRATE 10MG CHEW TAB U/D (Isordil) (Sorbitrate) ** INPATIENT USE ONLY	21.60
ISOSORBIDE DINITRATE 10MG CHEW TAB (Isordil) (Sorbitrate)	41.80
ISOSORBIDE DINITRATE 20MG TAB (Isordil) (Sorbitrate)	0.97
	3.51
	0.72

GENERIC NAME (TRADE NAME)

ISOSORBIDE DINITRATE 20MG U/D TAB (Isordil)
(Sorbitrate)
** INPATIENT USE ONLY

ISOSORBIDE DINITRATE 40MG SA TAB U/D (Sorbitrate)
(Isordil)
** INPATIENT USE ONLY

ISOSORBIDE DINITRATE 40MG SA TAB (Isordil)
(Sorbitrate)

ISOSORBIDE DINITRATE 5MG CHEW TAB U/D (Sorbitrate)
(Isordil)
** INPATIENT USE ONLY

ISOSORBIDE DINITRATE 5MG SL TAB U/D (Isordil)
(Sorbitrate)
** INPATIENT USE ONLY

ISOSORBIDE DINITRATE 5MG CHEW TAB (Isordil)
(Sorbitrate)

ISOSORBIDE DINITRATE 5MG SL TAB (Isordil)
(Sorbitrate)

KAOLIN-PECTIN SUSP. 240ML BTL (Kaopectate)
** (FR-4) NO REFILLS

KAOLIN-PECTIN SUSP. 30ML UD (Kaopectate)

KARAYA GUM POWDER 75GM UNITED 4040

KARAYA GUM POWDER. 120GM. EACH

KARAYA PASTE. TUBE. EACH

KARAYA POWDER HOLLISTER 75GM (H 905)

KARAYA PREMIUM PASTE 60GM TUBE (H7930)

KARAYA SEAL RING 1 1/2IN 20/BX H7393

KERLIX 4 1/2 IN ROLL

KETAMINE 10MG/ML INJ.. 50ML VIAL (Ketalar)

KETAMINE 50MG/ML INJ.. 10ML VIAL (Ketalar)

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
KETO-DIABTIX REAGENT STRIPS-100/BTL	0.03
KETOCONAZOLE 200MG TAB (Nizoral) ** RESTRICTED TO INFECTIOUS DIS AND DERMATOLOGY (FR-2)	0.12
KETOCONAZOLE 200MG TAB U/D (Nizoral) ** INPATIENT USE ONLY (ID AND DERM) (FR-2)	0.03
KHONSARI NEPHROSTOMY DISC 23FR	0.02
KNEE LENGTH NYLON (MED-REG) STOCK 7115	2.75
KNEE LENGTH NYLON (SMALL-REG) STOCK 7071	6.59
KNEE LENGTH NYLON (X-MED) STOCKING 7480	9.92
KNEE LENGTH NYLON (X-SMALL) STOCK 7339	6.59
KNEE LENGTH NYLON, LARGE REG 7203	6.59
KNEE LENGTH NYLON, X-LARGE 7594	6.36
KNEE LENGTH NYLON, X-LARGE REG 7604	6.59
KNEE LENGTH NYLON, X-LARGE, X-LENGTH	6.59
L-TRYPTOPHAN 1GM TAB U/D (Tryptan D.S.) ** INPATIENT USE ONLY	6.59
L-TRYPTOPHAN 500MG TAB	0.42
L-TRYPTOPHAN 500MG TAB U/D ** INPATIENT USE ONLY	0.08
LABETALOL HCL INJ 100MG 20ML AMP (Normodyne) (Trandate) ** RESTRICTED TO STOCK IN OR, ER, AND ICU'S (STOCK)	0.11
LABSTIX REAGENT STRIPS-100/BTL	13.20
LACTATED RINGERS 1000ML IV BAG	16.60
LACTATED RINGERS/SEX 5% 1000ML IV BAG	0.96
LACTICARE LOTION 240ML BOTTLE ** (FR-4) NO REFILLS	1.01
LACTOBACILLUS ACID. TAB (Lactinex)	2.50
	0.05

GENERIC NAME (TRADE NAME)

LACTOSE POWDER 454GM BOTTLE

LACTULOSE SYR. 20GM/30ML, 30ML U/D CUP (Cephulac)

LACTULOSE SYR. 20GM/30ML, 480ML BTL (Cephulac)

LANCETS

LCD 10% IN AQUAPHOR 454GM JAR

LCD 3% IN AQUAPHOR 240GM JAR

LCD 3% IN HC CR 1% 240GM JAR

LCD 3% IN HC OINT 1% 240GM JAR

LCD 5% IN AQUAPHOR 454GM JAR

LES BAG HOLLISTER NO 9805

LES BAG MEDIUM UROCARE 9032
** (FR-4) NON-DISPOSABLE, LIMIT OF 2 BAGS

LES BAG UROCARE 9044

LES BAG, LARGE DISP-A NO. 150103

LES BAG, LONG 26 OZ NO. 9026
** (FR-4) NON-DISPOSABLE, LIMIT OF 2 BAGS

LES BAG, MEDIUM 94015

LES BAG, MEDIUM, DISPOZ-A NO. 150102

LEUCOVORIN CA 25MG TAB (Wellcovorin)
** RESTRICTED TO HEME-ONC OR ID (FR-2)

LEUCOVORIN CA 25MG TAB U/D (Wellcovorin)
** INPATIENT USE ONLY (HEME-ONC OR ID) (FR-2)

LEUCOVORIN CA 3MG/ML INJ APP 1ML (Wellcovorin)

LEUCOVORIN CA 50MG INJ VIAL (Wellcovorin)

LEUCOVORIN CA 5MG TAB (Wellcovorin)
** RESTRICTED TO HEME-ONC OR ID (FR-2)

LEUCOVORIN CA 5MG TAB U/D (Wellcovorin)
** INPATIENT USE ONLY (HEME-ONC OR ID) (FR-2)

DISPENSE UNIT PRICE
13.25
1.63
11.42
0.06
5.00
5.00
5.00
5.00
5.00
3.89
24.70
24.20
2.69
24.70
5.00
2.70
23.52
33.94
8.52
47.52
6.72
6.75

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
LEVARTERENOL INJ. 1MG/ML. 4ML AMP (Levophed)	2.96
LEVOBUNOLOL 0.5% OPHTH SOLN 5ML BTL (Betagan)	6.32
LEVOTHYROXINE 0.05MG TAB (Synthroid)	0.01
LEVOTHYROXINE 0.05MG TAB U/D (Synthroid) ** INPATIENT USE ONLY	0.02
LEVOTHYROXINE 0.1MG TAB (Synthroid)	0.02
LEVOTHYROXINE 0.1MG TAB U/D (Synthroid) ** INPATIENT USE ONLY	0.03
LEVOTHYROXINE 0.1MG TAB (Synthroid)	0.01
LEVOTHYROXINE 0.1MG TAB U/D (Synthroid) ** INPATIENT USE ONLY	0.03
LEVOTHYROXINE 0.2MG TAB (Synthroid)	0.01
LEVOTHYROXINE 0.2MG TAB U/D (Synthroid) ** INPATIENT USE ONLY	0.04
LEVOTHYROXINE SODMCG INJ VIAL (Synthroid)	14.00
LIDOCAINE 2% JELLY 30 GM TUBE (Xylocaine)	1.87
LIDOCAINE 2% VISCOUS, 100ML BTL (Xylocaine Viscous) (Baylocaine) ** ORAL SOLUTION	1.79
LIDOCAINE 2% VISCOUS, 20ML BTL (Xylocaine Viscous) (Baylocaine) ** ORAL SOLUTION	0.76
LIDOCAINE 4% INJ 5ML SYR/CANNULA (Due Trach) ** LARYNGO-TRACHEAL USE	2.70
LIDOCAINE 4% TOPICAL SOLUTION 50ML BTL (Xylocaine)	6.43
LIDOCAINE 5% OINTMENT 35 GM TUBE (Xylocaine)	0.58
LIDOCAINE HCL 0.5% 50ML MD VIAL (Xylocaine) ** MULTI DOSE VIAL. OR ONLY	0.62
LIDOCAINE HCL 0.5%, 50ML VIAL (Xylocaine) ** SINGLE USE VIAL	0.62

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
LIDOCAINE HCL 0.5%/EPI 1:200.000 50ML VI (Xylocaine Epinephrine)	1.43
LIDOCAINE HCL 1% 30ML AMP (Xylocaine)	3.20
LIDOCAINE HCL 1% 30ML SINGLE DOSE VIAL (Xylocaine)	2.30
LIDOCAINE HCL 1%. 20ML MD VIAL (Xylocaine) ** MULTIPLE DOSE VIAL	0.38
LIDOCAINE HCL 1%/EPI 1:100.000. 20ML VI (Xylocaine)	1.08
LIDOCAINE HCL 1%/EPI 1:100.000. 30ML VI (Xylocaine Epinephrine)	0.90
LIDOCAINE HCL 1.5%. 20ML AMP (Xylocaine)	3.15
LIDOCAINE HCL 1.5%/EPI 1:200.000 30ML VI (Xylocaine Epinephrine)	1.53
LIDOCAINE HCL 2% IV INJ DRM 5ML (Xylocaine) ** CRUSH CART USE ONLY	0.93
LIDOCAINE HCL 2%. 10ML AMP (Xylocaine)	2.97
LIDOCAINE HCL 2%. 50ML MD VIAL (Xylocaine) ** MULTIPLE DOSE VIAL	0.48
LIDOCAINE HCL 2%/EPI 1:100.000 20ML VI (Xylocaine Epinephrine)	0.95
LIDOCAINE HCL 2%/EPI 1:200.000 20ML VI (Xylocaine Epinephrine)	9.63
LIDOCAINE HCL 2%/EPI 1:200.000-20ML AMP (Xylocaine Epinephrine)	5.29
LIDOCAINE HCL 20% INJ 10ML BYR (Xylocaine) ** FOR CARDIAC ARRHYTHMIA	4.08
LINDANE 1% CREAM. 60GM TU (Kwell)	1.06
LINDANE 1% LOTION (Kwell)	0.01
LIOTHYRONINE SOD 25MCG TAB (Cytomel)	0.03
LIOTHYRONINE SOD 25MCG TAB U/D (Cytomel) ** INPATIENT USE ONLY	0.04
LIOTHYRONINE SOD 5MCG TAB (Cytomel)	0.03
LIOTHYRONINE SOD 5MCG TAB U/D (Cytomel) ** INPATIENT USE ONLY	0.04

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
LISINOPRIL 10MG TAB (Zestril) (Prinivil)	0.40
LISINOPRIL 10MG TAB U/D (Zestril) (Prinivil) ** INPATIENT USE ONLY	0.40
LISINOPRIL 20MG TAB (Zestril) (Prinivil)	0.42
LISINOPRIL 20MG TAB U/D (Zestril) (Prinivil) ** INPATIENT USE ONLY	0.42
LISINOPRIL 5MG TAB (Zestril) (Prinivil)	0.36
LISINOPRIL 5MG TAB U/D (Zestril) (Prinivil) ** INPATIENT USE ONLY	0.36
LITHIUM CARB. 300MG SR TAB (LITHOBID) (Lithobid) ** SUSTAINED RELEASE TABLET	0.03
LITHIUM CARB. 300MG SR TAB U/D (Lithobid) ** INPATIENT USE ONLY	0.04
LITHIUM CARBONATE 300MG CAPSULE U/D (Lithonate) ** INPATIENT USE ONLY	0.03
LITHIUM CARBONATE 300MG CAPSULE (Lithonate) (Eskalith)	0.02
LITHIUM CITRATE SYRUP 300MG/5ML (Citralith)	0.01
LOMUSTINE 100MG CAP (Cee Nu) ** RESTRICTED TO HEMATOLOGY-ONCOLOGY (FR-12	8.07
LOMUSTINE 100MG CAP U/D (Cee Nu) ** RESTRICTED TO HEME-ONC (FR-13--INPATIENT USE ONLY	8.12
LOMUSTINE 10MG CAP (Cee Nu) ** RESTRICTED TO HEMATOLOGY-ONCOLOGY (FR-12	1.41
LOMUSTINE 10MG CAP U/D (Cee Nu) ** RESTRICTED TO HEME-ONC (FR-13--INPATIENT USE ONLY	1.46
LOMUSTINE 300MG PACK (Cee Nu) ** RESTRICTED TO HEMATOLOGY-ONCOLOGY (FR-12	24.08

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SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSING UNIT PRICE
LOMUSTINE 40MG CAP (CCNU Ru)	3.88
** RESTRICTED TO HEMATOLOGY-ONCOLOGY (FR-1)	
LOMUSTINE 40MG CAP U/D (CCNU Ru)	3.93
** RESTRICTED TO HEME-ONC (FR-1)--INPATIENT USE ONLY	
LORAZEPAM 1MG TAB (Ativan)	0.25
** (FR-1) RESTRICTED TO PSYCH, HEME-ONC, ID OR INPATIENT USE	
LORAZEPAM 1MG TAB U/D (Ativan)	0.05
** (FR-1) INPATIENT USE ONLY--NO APPROVAL REQUIRED	
LORAZEPAM 2MG TAB (Ativan)	0.22
** (FR-1) RESTRICTED TO PSYCH, HEME-ONC, ID OR INPATIENT USE	
LORAZEPAM 2MG TAB U/D (Ativan)	0.39
** (FR-1) INPATIENT USE ONLY--NO APPROVAL REQUIRED	
LORAZEPAM 2MG/ML INJ TUBEX 1ML (Ativan)	1.76
LORAZEPAM 4MG/ML INJ TUBEX 1ML (Ativan)	2.12
LOVASTATIN 20MG TAB U/D (Mevacor)	1.27
** (FR-2) RESTRICTED TO CARDIO, ENDO, H GALUB MD--INPATIENT USE ONLY	
LOVASTATIN 20MG TABLET (Mevacor)	1.25
** (FR-2) RESTRICTED TO CARDIO, ENDO OR MICHAEL GOLUB, MD	
LOXAPINE 10MG CAP (Loxitane)	0.19
LOXAPINE 10MG CAP U/D (Loxitane)	0.19
LOXAPINE 25MG CAP (Loxitane)	0.08
LOXAPINE 25MG CAP U/D (Loxitane)	0.08
LOXAPINE 25MG/ML SOL, 120ML BTL (Loxitane)	17.80
LOXAPINE 50MG CAP (Loxitane)	0.13
LOXAPINE 50MG CAP U/D (Loxitane)	0.34
LOXAPINE 50MG/ML INJ AMP 1ML (Loxitane)	2.36
LUBRICANT STOMA 120ML W7760	2.90
LUBRICANT SURGICAL 2.7GM PACKET (K-Y Jelly) (Ludafa)	0.02

REPUBLIC VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
LUBRICATING JELLY 60GM TUBE (Surgilube)	0.39
MAGNESIUM CITRATE SOLN 300ML ** CPR-43 NO REFILLS	1.42
MAGNESIUM SULFATE CRYSTALS 4000M (Epsom Salt) ** CPR-43 NO REFILLS	0.62
MAGNESIUM SULFATE INJ 10M/2ML(50%) - 2ML	0.28
MALE URINE COLLECTION SYSTEM (e/s)	20.00
MANNITOL 10% IV. 1000ML BAG	15.61
MANNITOL 15% IV. 150ML B"L	3.25
MANNITOL 15% IV. 500ML BAG	11.97
MANNITOL 25% INJ.. 50ML VIAL	0.89
MECHLORETHAMINE HCL 10MG INJ VIAL (Mustargen)	3.66
MECLIZINE HCL 12.5MG TAB (Antivert) ** CPR-43 NO REFILLS	0.11
MECLIZINE HCL 12.5MG TAB U/D (Antivert) ** INPATIENT USE ONLY	0.11
MEDROXYPROGESTERONE 10MG TAB (Provera)	0.14
MEDROXYPROGESTERONE 10MG TAB U/D (Provera) ** INPATIENT USE ONLY	0.27
MEDYSONE DPH SOLN 5ML (H.M.S. Liquifilm)	3.82
MEGESTROL ACETATE 40 MG TAB (Megace)	0.56
MEGESTROL ACETATE 40MG TAB U/D (Megace) ** INPATIENT USE ONLY	0.58
MELPHALAN 2MG TAB (Alkeran)	0.63
MELPHALAN 2MG TAB U/D (Alkeran) ** INPATIENT USE ONLY	0.68
MENADIOL 500 DIPHO 10MG/ML AMP 1ML (Synkavite)	1.02
MENADIOL 500 DIPHO 37.5MG/ML AMP 2ML (Synkavite)	1.41

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
MEPERIDINE 100MG 1ML INJ VIAL (Demerol)	0.37
MEPERIDINE 25MG 1ML INJ VIAL (Demerol)	0.27
MEPERIDINE 50MG 1ML INJ VIAL (Demerol)	0.30
MEPERIDINE 50MG TAB (Demerol)	0.21
MEPERIDINE 50MG TAB 25/PS U/D (Demerol) ** INPATIENT USE ONLY	2.52
MEPERIDINE 75MG 1ML INJ VIAL (Demerol)	0.34
MEPHENTERMINE INJ. 30MG/ML. 10ML AMP (Wyamine)	7.72
MEPHOBARBITAL 32MG TAB (Mebaral)	0.06
MEPHOBARBITAL 32MG TAB U/D (Mebaral) ** INPATIENT USE ONLY	0.11
MEPIVACAINE TX. 50ML MD VIAL (Carbocaine) ** MULTIPLE DOSE VIAL	4.93
MESORIDAZINE BES. SOL 25MG/ML 120ML BTL (Serentil)	9.01
MESORIDAZINE BESYLATE 100MG TAB U/D (Serentil) ** INPATIENT USE ONLY	0.17
MESORIDAZINE BESYLATE 100MG TAB (Serentil)	0.18
MESORIDAZINE BESYLATE 10MG TAB U/D (Serentil) ** INPATIENT USE ONLY	0.19
MESORIDAZINE BESYLATE 10MG TAB (Serentil)	0.12
MESORIDAZINE BESYLATE 25MG TAB (Serentil)	0.13
MESORIDAZINE BESYLATE 25MG TAB U/D (Serentil) ** INPATIENT USE ONLY	0.13
MESORIDAZINE BESYLATE 25MG/1ML INJ AMP (Serentil)	0.95
MESORIDAZINE BESYLATE 50MG TAB U/D (Serentil) ** INPATIENT USE ONLY	0.14
MESORIDAZINE BESYLATE 50MG TAB (Serentil)	0.15
METAPROTERENOL 5% INH SOLN. 10ML BT (Alupent)	2.50

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
METAPROTERENOL AEROSOL 15ML (300 DOSE) (Alupent)	2.37
METAPROTERENOL SULF 10 MG TAB U/D (Alupent) ** INPATIENT USE ONLY	0.04
METAPROTERENOL SULF 10MG TAB (Alupent)	0.04
METAPROTERENOL SULF 20MG TAB U/D (Alupent) ** INPATIENT USE ONLY	0.07
METAPROTERENOL SULF 20MG TAB (Alupent)	0.05
METARAMINOL BIT 10MG/ML VIAL 10ML	4.00
METHADONE 10MG/ML INJ. 20ML VIAL (Dolophine)	5.19
METHADONE 1MG/ML SOL. 500ML BTL. (Dolophine)	13.35
METHADONE 5MG TAB (Dolophine)	0.04
METHADONE 5MG TAB U/D (Dolophine) ** INPATIENT USE ONLY	0.03
METHENAMINE MANDELATE 1000MG TAB U/D (Mandelamine) ** INPATIENT USE ONLY	0.14
METHENAMINE MANDELATE 1000MG TAB (Mandelamine)	0.08
METHENAMINE MANDELATE 1GM GRANULE PKG (Mandelamine)	0.23
METHOHEXITAL 500MG-30ML VIAL (Brevital) ** RESTRICTED TO OR AND CCU STOCK (STOCK)	3.11
METHOTREXATE 100MG INJ. VIAL, PF ** PF = PRESERVATIVE FREE	17.57
METHOTREXATE 2.5MG TAB	0.60
METHOTREXATE 2.5MG TAB U/D ** INPATIENT USE ONLY	0.48
METHOTREXATE 2.5MG/ML. 2ML INJ. VIAL	6.64
METHOTREXATE 200MG INJ. VIAL, PF ** PF = PRESERVATIVE FREE	38.29
METHOXAMINE 20MG/ML 1ML AMP (Vasoxyl)	4.52

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
METHYLDOPA 250MG TAB (Aldomet)	0.10
METHYLDOPA 250MG TAB U/D (Aldomet) ** INPATIENT USE ONLY	0.14
METHYLDOPA 500MG TAB (Aldomet)	0.17
METHYLDOPA 500MG TAB U/D (Aldomet) ** INPATIENT USE ONLY	0.26
METHYLDOPA ORAL LIQUID 250MG/5ML (Aldomet)	2.07
METHYLDOPATE HCL 50MG/ML VIAL 5ML (Aldomet)	5.22
METHYLENE BLUE 1% INJ 10ML AMP	0.66
METHYLPHENIDATE HCL 10MG TAB (Ritalin) ** SCHEDULE II	0.19
METHYLPHENIDATE HCL 5MG TAB (Ritalin) ** SCHEDULE II	0.11
METHYLPREDNISOLONE 125MG/VI INJ (Solu Medrol)	1.88
METHYLPREDNISOLONE 1GM/VI INJ (Solu Medrol)	9.68
METHYLPRED- SOLONE 40MG/VIAL (Solu Medrol)	1.13
METHYLPREDNISOLONE 4MG TAB (Medrol)	0.23
METHYLPREDNISOLONE 4MG TAB U/D (Medrol) ** INPATIENT USE ONLY	0.25
METHYLPREDNISOLONE 500MG/VI INJ (Solu Medrol)	3.98
METHYLPREDNISOLONE ACET 40MG/ML.5ML VI (Depo Medrol)	9.39
METHYLROSANILINE CHL SOLN 1%. 30ML BT (Gentian Violet) ** (FR-4) RC REFILLS	1.15
METHYSERGIDE MALEATE 2MG TAB (Sansert)	0.25
METHYSERGIDE MALEATE 2MG TAB U/D (Sansert) ** INPATIENT USE ONLY	0.27
METOCLOPRAMIDE HCL 10MG TAB (Reglan)	0.19
METOCLOPRAMIDE HCL 10MG TAB U/D (Reglan) ** INPATIENT USE ONLY	0.22

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
METOCLOPRAMIDE HCL 10MG/2ML INJ AMP (Reglan)	1.24
METOCLOPRAMIDE HCL 50MG/10ML INJ AMP (Reglan)	4.92
METOCLOPRAMIDE ORAL LIQUID 10MG U/D (Reglan) ** FOR INPATIENT USE ONLY	0.51
METOLAZONE 2.5MG TAB (Zaroxolyn) Diulo)	0.03
METOLAZONE 2.5MG TAB U/D (Zaroxolyn) (Diulo) ** INPATIENT USE ONLY	0.05
METOLAZONE 5MG TAB (Zaroxolyn) (Diulo)	0.04
METOLAZONE 5MG TAB U/D (Zaroxolyn) (Diulo) ** INPATIENT USE ONLY	0.06
METOPROLOL TARTRATE 100MG TAB (Lopressor)	0.17
METOPROLOL TARTRATE 100MG U/D TAB (Lopressor)	0.40
METOPROLOL TARTRATE 50MG TAB (Lopressor)	0.09
METOPROLOL TARTRATE 50MG U/D TAB (Lopressor)	0.23
METOPROLOL TARTRATE 5MG INJ (Lopressor) ** RESTRICTED TO CCU (STOCK)	1.32
METRIZAMIDE 0.75GM - 30ML VIAL (Amipaque)	85.00
METRONIDAZOLE 250MG TAB (Flagyl)	0.09
METRONIDAZOLE 250MG TAB U/D (Flagyl) ** INPATIENT USE ONLY	0.12
METRONIDAZOLE 500MG RTU PIGGYBACK (Flagyl)	2.68
METYRAPONE 250MG TAB (Metopirone)	1.05
MEXILETINE HCL 150MG CAP (Mexitil) ** RESTRICTED TO CARDIOLOGY (FR-3)	0.32
MEXILETINE HCL 150MG CAP U/D (Mexitil) ** (FR-3) RESTRICTED TO CARDIOLOGY--INPATIENT USE ONLY	0.37

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
MEXILETINE HCL 200MG CAP (Mexitil) ** RESTRICTED TO CARDIOLOGY (FR-3)	0.35
MEXILETINE HCL 200MG CAP U/D (Mexitil) ** (FR-3) RESTRICTED TO CARDIOLOGY--INPATIENT USE ONLY	0.40
MEXILETINE HCL 250MG CAP (Mexitil) ** RESTRICTED TO CARDIOLOGY (FR-3)	0.52
MEXILETINE HCL 250MG CAP U/D (Mexitil) ** (FR-3) RESTRICTED TO CARDIOLOGY	0.57
MICONAZOLE CREAM 2% 90GM TUBE (Micatin) (Monistat Derm)	6.18
MICONAZOLE CREAM 2%. 30GM TUBE (Micatin) (Monistat Derm)	5.75
MICROFIBRILLAR COLLAGEN POWDER 1GM JAR (Avitene)	57.90
MIDAZOLAM 5MG/ML 10ML VI (Versed) ** RESTRICTED TO OR AND DENTAL STOCK (870CX)	18.58
MILK OF MAGNESIA 30ML UD ** INPATIENT ONLY	0.34
MILK OF MAGNESIA-CASCARA. 15ML U/D ** INPATIENT USE ONLY	0.19
MINERAL OIL EMMA 135ML ** (FR-4) NO REFILLS	0.86
MINERAL OIL LIGHT INJ 10ML VIAL (Muri Labs)	0.75
MINERAL OIL LIQUID ** (FR-4) NO REFILLS	0.01
MINERAL OIL LIQUID. 30ML U/D	0.17
MITOMYCIN 20MG INJ. VIAL (Mutamycin)	258.39
MITOMYCIN 5MG INJ VIAL (Mutamycin)	85.03
MITOXANTRONE INJ 20MG VI (Novantrone)	363.42
MOISTURE BARRIER SKIN OINT 75GM (M7230)	3.23
MORPHINE INJ PRESER. FREE 10MG/10ML/AMP	10.00

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
MORPHINE INJ. 10MG 1ML VIAL	0.42
MORPHINE INJ. 15MG 1ML VIAL	0.45
MORPHINE INJ. 15MG/ML. 20ML VIAL	6.30
MORPHINE INJ. 8MG 1ML VIAL	0.41
MORPHINE INJ. PRESER. FREE 5MG/10ML/AMP	0.70
MORPHINE SOL. 20MG/ML. 120ML BTL	33.83
MORPHINE SOL. 20MG/ML. 30ML BTL	9.00
MORPHINE SOL. 2MG/ML. 100ML BTL	4.50
MORPHINE SOL. 2MG/ML. 500ML BTL	17.34
MORPHINE SULF 30MG SR TAB U/D MS CONTIN (M.S. Contin) ** INPATIENT USE ONLY (HEMATOLOGY-ONCOLOGY) (FR-3)	0.90
MORPHINE SULF. 30MG SR TAB (MS CONTIN) (M.S. Contin) ** RESTRICTED TO HEMATOLOGY-ONCOLOGY (FR-3)	0.44
MULTISTIX 100 STRIPS/BOTTLE	21.40
MULTIVITAMIN (HEXAVITAMIN) TAB U/D ** INPATIENT USE ONLY	0.04
MULTIVITAMIN INJ VIAL 5ML (M.V.I.)	0.36
MULTIVITAMIN ORAL SOLUTION 50ML DROPS (Vi Penta) ** INPATIENT ONLY	8.62
MUMPS SKIN TEST 0.1ML/DOSE - 1ML VIAL	13.50
NAFCILLIN 1GM INJ. PIGGYBACK (Unipen)	1.73
NAFCILLIN 1GM INJ. VIAL (Unipen)	4.88
NAFCILLIN 2GM INJ. PIGGYBACK (Unipen)	3.00
NALBUPHINE INJ. 10MG/ML. 1ML AMP (Nubain)	1.36
NALOXONE HCL 0.4MG/ML INJ AMP 1ML (Narcan)	3.00
NALTREXONE 50MG TAB (Trexan) ** RESTRICTED TO PSYCH AND ODTC (FR-1)	1.62

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
NALTREXONE 50MG TAB U/D (Trexan) ** (FR-1) PSYCHIATRY OR DDTC APPROVAL REQUIRED	1.84
NANDROLONE DECANOATE 100MG/2ML VI (Decadurabolin)	1.13
NAPHAZOL/ANTAZOL 0.05%/0.5% OPTH 15ML BT (Vasocon A)	2.01
NAPHAZOLINE 0.1% OPH SOL. 15ML BT (Vasocon) (Ab Con) ** (FR-4) NO REFILLS	1.35
NAPROXEN 250MG TAB (Naprosyn) ** (FR-4). (FR-2) RESTRICTED TO RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.26
NAPROXEN 250MG TAB U/D (Naprosyn) ** (FR-4) INPATIENT USE ONLY	0.28
NAPROXEN 375MG TAB (Naprosyn) ** (FR-4). (FR-2) RESTRICTED TO RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.31
NAPROXEN 375MG TAB U/D (Naprosyn) ** (FR-4) INPATIENT USE ONLY	0.36
NEBULIZER PLASTIC DEVILBISS NO 42	11.58
NEBULIZER PLASTIC DEVILBISS NO 45	12.65
NEEDLE DISP. 18 GAUGE 1 1/2 INCH	0.02
NEEDLE DISP. 20 GAUGE 1 1/2 INCH	0.02
NEEDLE D.SP. 22 GAUGE 1 1/2 INCH	0.02
NEEDLE DISP. 22 GAUGE 1 INCH	0.02
NEEDLE DISP. 25 GAUGE 5/8IN	0.02
NEEDLE-VENTED 100/BOX	14.30
NEOMYCIN SULFATE 500MG INJ. VIAL (Myciradin)	9.38
NEOMYCIN SULFATE 500MG TAB (Myciradin)	0.09
NEOMYCIN SULFATE 500MG TAB U/D (Myciradin) ** INPATIENT USE ONLY	0.11
NEOMYCIN-DEXAMETH 0.05% OPH OINT 3.5GM (Neo Decadron)	2.39

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
NEOMYCIN-DEXAMETH 0.1% OPH SOLN 5ML (Neo Decadron)	5.31
NEOMYCIN-POLY-BACI 3.5GM OPH OINT (Neosporin Ophth)	1.12
NEOMYCIN-POLY-BACI-HC OPH OINT 3.5GM (Cortisporin Ophth)	1.26
NEOMYCIN-POLY-GRAMICIDIN OPH SOLN 10ML (Neosporin Ophth)	1.10
NEOMYCIN-POLY-HC OPH SUSP 7.5ML (Cortisporin Ophth)	7.50
NEOMYCIN-POLY-HC OTIC 10ML SOLN (Cortisporin Otic)	2.40
NEOMYCIN-POLY-HC OTIC 10ML SUSP (Cortisporin Otic)	2.88
NEOMYCIN-POLYMYX-DEXAMETH 3.5GM OPH OINT (Maxitrol) (Ak Trol)	1.60
NEOMYCIN-POLYMYX-DEXAMETH 5ML OPH SUSP (Maxitrol) (Ak Trol)	2.65
NEOMYCIN/POLYMYX/BACI 1/32 OZ PKT (Neosporin) (Mycitracin)	0.14
NEOMYCIN/POLYMYX/BACI 30GM TU OINT (Neosporin) (Mycitracin) ** FFR-43 NO REFILLS	2.98
NEOMYCIN/POLYMYXIN GU IRRIGANT AMP 1ML (Neosporin G-U)	1.72
NEOSTIGMINE INJ. 1:1000, 10ML VIAL (Prostigmin)	1.65
NEOSTIGMINE INJ. 1:2000, 1ML AMP (Prostigmin)	0.49
NEOSTIGMINE INJ. 1:4000, 1ML AMP (Prostigmin)	0.40
NEUTRA-PHOS 1.25GM CAP	0.06
NEUTRA-PHOS 1.25GM CAP U/D ** INPATIENT USE ONLY	0.08
NICOTINIC ACID 100MG TAB	0.01
NICOTINIC ACID 100MG TAB U/D (Niacin) ** INPATIENT USE ONLY	0.02
NICOTINIC ACID 400MG SA CAP (Nico 400)	0.02
NICOTINIC ACID 400MG SA CAP U/D	0.07

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
NIFEDIPINE 10MG CAP (Procardia) (Adalat)	0.19
NIFEDIPINE 10MG CAP U/D (Procardia) (Adalat) ** INPATIENT USE ONLY	0.21
NIFEDIPINE 20MG CAP (Procardia) (Adalat)	0.33
NIFEDIPINE 20MG CAP U/D (Procardia) (Adalat)	0.38
NITRAZINE PAPER ROLL W/DISPENSER	7.96
NITROFURANTOIN 50MG MACRO-XTAL U/D (Macrodantin) ** INPATIENT USE ONLY	0.29
NITROFURANTOIN 50MG MACRO-XTAL CAP (Macrodantin)	0.14
NITROGLYCERIN 0.3MG SL TAB. 25 TABS/BT (Nitrostat) ** DO NOT CHEW, BREAK, OR CRUSH	0.83
NITROGLYCERIN 0.4MG SL TAB. 25 TABS/BT (Nitrostat) ** DO NOT CHEW, BREAK, OR CRUSH	0.83
NITROGLYCERIN 0.6MG SL TAB. 25 TABS/BT (Nitrostat) ** DO NOT CHEW, BREAK, OR CRUSH	0.83
NITROGLYCERIN 5MG/ML INJ., 5ML AMP (Tridil)	3.50
NITROGLYCERIN AEROSOL 0.4MG/DOSE 13.8GM (Nitrolingual) ** (FR-4)-NO REFILLS	9.20
NITROGLYCERIN OINT 2%, 60GM TUBE (Nitrol)	1.60
NITROGLYCERIN PATCH 10MG/24HR (Transderm Nitro) (Nitro Disc)	0.19
NITROGLYCERIN PATCH 15MG/24HR (Transderm Nitro) (Nitro Disc)	0.15
NITROGLYCERIN PATCH 2.5MG/24HR (Transderm Nitro) (Nitro Disc)	0.15
NITROGLYCERIN PATCH 5MG/24HR (Transderm Nitro) (Nitro Disc)	0.13

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
NITROGLYCERIN PATCH 7.5MG/24HR (Transderm Nitro) (Nitro Disc)	0.09
NITROPRUSSIDE SODIUM 50MG INJ. VIAL (Nipride)	1.21
NORFLOXACIN 400MG TAB (Noroxin) ** RESTRICTED TO INFECTIOUS DISEASE, SCI AND LTC [FR-2]	1.08
NORFLOXACIN 400MG TAB U/D (Noroxin) ** RESTRICTED TO INFECTIOUS DISEASE, SCI AND LTC [FR-2]	1.52
NORTRIPTYLINE HCL 10MG CAP (Aventyl) (Pamelor)	2.11
NORTRIPTYLINE HCL 10MG CAP U/D (Pamelor) (Aventyl) ** INPATIENT USE ONLY	3.09
NORTRIPTYLINE HCL 25MG CAP (Aventyl) (Pamelor)	0.18
NORTRIPTYLINE HCL 25MG CAP U/D (Pamelor) (Aventyl) ** INPATIENT USE ONLY	0.20
NOVOBIOCIN 250MG CAP (Albamycin)	0.93
NOVOBIOCIN 250MG CAP U/D (Albamycin) ** INPATIENT USE ONLY	0.98
NU-GAUZE 1/2IN X 9YDS	1.54
NU-GAUZE STRIP PLAIN 1IN X 5 YD	3.40
NU-GAUZE STRIP PLAIN 2 X 5 YD	3.00
NU-GAUZE, IODOFORM 1/2IN X 5YDS (Iodoform)	3.40
NU-GAUZE, IODOFORM 1IN X 5YDS (Iodoform)	3.88
NU-GAUZE, IODOFORM 2IN X 5YDS (Iodoform)	3.40
NU-ODOR CONC. 7.5ML BTL (Nilodor)	3.25
NYSTATIN 100,000U/GM CREAM 15GM TU (Mycostatin)	0.52
NYSTATIN 100,000U/GM OINT 30GM TU (Mycostatin)	1.46

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
NYSTATIN 100,000U/GM POWDER 15GM BTL (Mycostatin)	7.99
NYSTATIN ORAL SUSP 100,000U/ML 60ML BT (Mycostatin)	1.91
O-RING BEAD 2/PKG	7.50
OATMEAL COLLOIDAL POWDER 454GM BOX (Aveeno)	3.39
OCULAR LUBRICANT OINT 3.5GM TUBE (Lacrilube) (Akwa Tears) (Duratears)	0.68
ODO-WAY 9100 TABLET BTL	3.65
ORANGE SYRUP CONC. 3785ML BTL (Fanta Orange)	6.10
ORPHENADRINE/ASA/CAFFEINE TAB U/D (Norgesic Forte) ** [FR-4] INPATIENT USE ONLY	0.13
ORPHENADRINE/ASA/CAFFEINE TAB (Norgesic Forte) ** [FR-4]--NO REFILLS	0.09
OSTOMY BAG. 8X/30 MD. 7164	19.26
OXAZEPAM 10MG CAP (Serax) ** [FR-4]-NO REFILLS! [FR-2] RESTRICTED TO PSYCH. NEURO. SCI	0.14
OXAZEPAM 10MG CAP U/D (Serax) ** INPATIENT USE ONLY [FR-4]. [FR-2] PSYCH. NEURO. SCI	0.16
OXAZEPAM 15MG CAP (Serax) ** [FR-4]-NO REFILLS! [FR-2] RESTRICTED TO PSYCH. NEURO. SCI	0.19
OXAZEPAM 15MG CAP U/D (Serax) ** "INPATIENT USE ONLY [FR-4]. [FR-2] PSYCH. NEURO. SCI	0.20
OXAZEPAM 30MG CAP (Serax) ** [FR-4]-NO REFILLS! [FR-2] RESTRICTED TO PSYCH. NEURO. SCI	0.39
OXAZEPAM 30MG CAP U/D (Serax) ** INPATIENT USE ONLY [FR-4]. [FR-2] PSYCH. NEURO. SCI	0.32
OXYBUTYNIN 5MG TAB (Ditropan)	0.14
OXYBUTYNIN 5MG TAB U/D (Ditropan) ** INPATIENT USE ONLY	0.21
OXYCODONE/ACETAM 5MG/ 500MG CAP (Tylox)	0.01

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
OXYCODONE/ACETAM 5MG/500MG CAP U/D 25/PG (Tylox) ** INPATIENT USE ONLY	2.85
OXYTOCIN 10U/AMP (Pitocin)	
PAD, ABDOMINAL 8 X 10IN STERILE	0.25
PAD, ABDOMINAL 8X10IN NON-STERILE	0.18
PAD, FOAM 1 1/8 X 4 3/8IN 10/Bx	0.22
PAD, NON-ADHESIVE TELFA 3 X 4IN	8.00
PAD, PRE-COATED FOAM 3 X 1 1/2IN 10/Bx	0.37
PAD, PROTECT 26 X 23IN	8.10
PAD, STERI 4 X 4IN 10/Bx	0.09
PADIMATE-O/DIOXYBENZONE 19 CREAM 120GM (Bolbar Plus) ** RESTRICTED TO PSYCHIATRY OR DERMATOLOGY (FR-2)	5.75 4.20
PADS, COMFORT 12/PKG (UNITED) R2664	
PANCRELIPASE CAPSULE (PANCREASE) (Pancrease) ** RESTRICTED TO GASTROENTEROLGY (FR-3)	0.63 0.12
PANCRELIPASE CAPSULE U/D (PANCREASE) (Pancrease) ** (FR-3) RESTRICTED TO GASTROENTEROLOGY--INPATIENT USE ONLY	0.17
PANCRELIPASE SINGLE STR TAB U/D (Viokase) ** INPATIENT USE ONLY	0.08
PANCRELIPASE SINGLE STR TAB(VIOBASE) (Viokase)	
PANCURONIUM 2MG/ML INJ., 2ML AMP (Pavulon)	0.06
PANCURONIUM 2MG/ML INJ., 5ML AMP (Pavulon)	2.27
PAPAVERINE HCL 30MG/ML INJ VI 2ML	4.65
PENICILLAMINE 125MG CAP (Cuprimine)	0.74
PENICILLAMINE 125MG CAP U/D (Cuprimine) ** INPATIENT USE ONLY	0.30 0.30
PENICILLAMINE 250MG CAP (Cuprimine)	0.29

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PENICILLAMINE 250MG CAP U/D (Cuprimine) ** INPATIENT USE ONLY	0.31
PENICILLIN G BENZ. 1.2MU TUBEX (Bicillin L-A)	4.84
PENICILLIN G BENZ. 2.4MU TUBEX (Bicillin L-A)	9.74
PENICILLIN G BENZ. 300,000U/ML 10ML VIAL (Bicillin L-A)	8.89
PENICILLIN G BENZ. 600,000 U. TUBEX (Bicillin L-A)	2.91
PENICILLIN G POTAS. 20 MU VIAL	7.62
PENICILLIN G POTAS. 5 MU VIAL	2.34
PENICILLIN G PROCAINE 1.2MU TUBEX (Wycillin)	1.67
PENICILLIN G PROCAINE 2.4MU TUBEX (Wycillin)	3.88
PENICILLIN G PROCAINE 600,000U TUBEX (Wycillin)	0.98
PENICILLIN VK 250MG TAB (Ledercillin)	0.02
PENICILLIN VK 250MG TAB U/D (Ledercillin) ** INPATIENT USE ONLY	0.08
PENTAMIDINE 250 MGS/VL - 2ML AMP (Pentarion)	9.30
PENTAMIDINE ISETHIONATE INJ (Pentam) ** (FR-2) RESTRICTED TO INFECTIOUS DISEASE	0.33
PENTOBARBITAL 50MG/ML INJ. 50ML VIAL (Nembutal)	4.78
PENTOXIFYLLINE 400MG TAB (Trental) ** RESTRICTED TO VASCULAR SURGERY (FR-23	0.25
PENTOXIFYLLINE 400MG TAB U/D (Trental) ** INPATIENT USE ONLY (VASCULAR SURGERY) (FR-23	0.29
PERI-ANAL CREAM 60GM TUBE (Diaparene)	1.37
PERIT. DIALYSATE SOL. 1.5%. 2000ML BT	3.59
PERIT. DIALYSATE SOL. 4.25%. 2000ML BT	3.71
PETROLATUM GAUZE 3IN X 18IN STERILE	0.3
PETROLATUM GAUZE 5IN X 9IN (XEROFORM) (Xeroform)	4.2

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PETROLATUM OINTMENT 30GM TUBE (Vaseline)	0.35
PHENAZOPYRIDINE HCL 100MG TAB (Pyridium) ** (FR-4) NO REFILLS	0.10
PHENAZOPYRIDINE HCL 100MG TAB U/D (Pyridium) ** INPATIENT USE ONLY	0.12
PHENELZINE SULF 15MG TAB (Nardil) ** RESTRICTED TO PSYCHIATRY SERVICE (FR-2)	0.10
PHENELZINE SULF 15MG TAB U/D (Nardil) ** INPATIENT USE ONLY (PSYCHIATRY) (FR-2)	0.11
PHENOBARBITAL 100MG TAB U/D (Lumina1) ** INPATIENT USE ONLY	0.04
PHENOBARBITAL 130MG INJ VIAL (Lumina1)	1.34
PHENOBARBITAL 15MG TAB (Lumina1)	0.01
PHENOBARBITAL 15MG TAB U/D (Lumina1) ** INPATIENT USE ONLY	0.03
PHENOBARBITAL 20MG/ 5ML ELIXIR (Lumina1)	0.01
PHENOBARBITAL 20MG/5ML ELIXIR. 5ML U/D (Lumina1)	0.15
PHENOBARBITAL 30MG TAB (Lumina1)	0.01
PHENOBARBITAL 30MG TAB U/D (Lumina1) ** INPATIENT USE ONLY	0.03
PHENOBARBITAL 60MG TAB U/D (Lumina1) ** INPATIENT USE ONLY	0.04
PHENOL USP CRYSTALS 454 GM JAR	11.68
PHENOL-CALINE LOTION 240ML BOTTLE (PCA Lotion)	9.36
PHENOL-SODIUM PHENOLATE SAMPLE 360ML BT (Chlorasaptic Sample) ** FOR INPATIENT USE ONLY	3.54
PHENTOLAMINE MES. 5MG INJ. VIAL (Regitine)	8.30
PHENYLEPHRINE 0.25% NASAL SOLN. 15ML (Neo Synephrine) ** (FR-4) NO REFILLS	3.80

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PHENYLEPHRINE 0.25% NASAL SPRAY, 15ML (Neo Synephrine) ** (FR-4) NO REFILLS	2.34
PHENYLEPHRINE 1% NASAL SOLN, 15ML (Neo Synephrine) ** (FR-4) NO REFILLS	2.50
PHENYLEPHRINE 1% NASAL SPRAY, 15ML (Neo Synephrine) ** (FR-4) NO REFILLS	2.84
PHENYLEPHRINE HCL 10% OPTH SOLN 1ML	7.28
PHENYLEPHRINE INJ 1% AMP 1ML (Neo Synephrine)	0.85
PHENYLEPHRINE OPHTH 10% 5ML BTL (Neo Synephrine) (Mydfrin) (Ak Dilate) (Isopto Frin)	1.12
PHENYLEPHRINE OPHTH 2.5% 15ML BT (Neo Synephrine) (Mydfrin) (Ak Dilate) (Isopto Frin)	1.25
PHENYLEPHRINE OPHTH 2.5% 5ML BTL (Neo Synephrine) (Mydfrin) (Ak Dilate) (Isopto Frin)	1.40
PHENYLPROPANOLAMINE DH 120ML BT (Triaminic D.M.) ** NON-ALCOHOLIC (FR-4) NO REFILLS	1.92
PHENYTOIN 100MG EXTENDED CAP (Dilantin)	0.01
PHENYTOIN 100MG EXTENDED CAP U/D (Dilantin) ** INPATIENT USE ONLY	0.03
PHENYTOIN 100MG/2ML SYRINGE (Dilantin)	1.08
PHENYTOIN 125MG/5ML SUSP 5ML U/D (Dilantin) ** INPATIENT USE ONLY	0.29
PHENYTOIN 125MG/5ML SUSPENSION (Dilantin)	0.01
PHENYTOIN 250MG/5ML SYRINGE (Dilantin)	1.23
PHENYTOIN 30MG EXTENDED CAP (Dilantin)	0.07
PHENYTOIN 30MG EXTENDED CAP U/D (Dilantin)	0.10

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PHYSOSTIGMINE 0.5% OPH SOLN. 15ML (Isopto Eserine)	2.89
PHYSOSTIGMINE INJ. 1MG/ML. 2ML AMP (Antilirium)	1.75
PHYTONADIONE 5MG TAB (Mephyton)	0.21
PHYTONADIONE 5MG TAB U/D (Mephyton) ** INPATIENT USE ONLY	0.21
PHYTONADIONE INJ 10MG/ML VIAL 1ML (Aquamephyton)	2.39
PILOCAR/PHYSOSTIG 2%/0.25% OPH SOL 15ML (Isopto P-ES)	4.65
PILOCARPINE 0.5% OPH SOLN. 15ML (Pilocar) (Isopto Carpine)	0.83
PILOCARPINE 1% OPH SOLN. 15ML (Pilocar) (Isopto Carpine)	0.69
PILOCARPINE 1% OPH SOLN. 1ML DROPPETTE (Pilocar) (Isopto Carpine)	0.61
PILOCARPINE 2% OPH SOLN. 15ML (Pilocar) (Isopto Carpine)	0.95
PILOCARPINE 2% OPH SOLN. 1ML DROPPETTE (Pilocar) (Isopto Carpine)	0.85
PILOCARPINE 3% OPH SOLN. 15ML (Pilocar) (Isopto Carpine)	1.31
PILOCARPINE 4% OPH SOLN. 15ML (Pilocar) (Isopto Carpine)	0.69
PILOCARPINE 5% OPH SOLN. 15ML (Pilocar) (Isopto Carpine)	1.75
PILOCARPINE 6% OPH SOLN. 15ML (Pilocar) (Isopto Carpine)	1.67
PIRBUTEROL ACET AEROSOL INH 25.4GM (Maxair) ** LIMITED TO ONE CANNISTER PER FILL	5.25
PITUITRIN 20U/ML/AMP	3.07
PLASMA PROT FRACT. HUMAN 5% 250ML BT (Plasmanate)	144.72
PLASMA PROT FRACT. HUMAN 5% 500ML BT (Plasmanate)	73.60

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PLICAMYCIN 2500MCG INJ VIAL (Mithracin)	33.40
PNEUMOCOCCAL VACCINE POLYVAL, 0.5ML SYR (Pneumovax) (Pnu Immune)	5.62
PODOPHYLLIN 20%/ALCOHOL 15ML BTL	3.75
PODOPHYLLIN 20%/COMP BENZ TINCT 25ML BTL	3.75
PODOPHYLLIN RESIN 500GM JAR	199.95
POLOXAMER IODINE 0.75% SOLN 480ML BT (Prepodyne) (Betodyne)	1.56
POLOXAMER IODINE 1% SOLUTION SML (Prepodyne)	10.66
POLOXAMER IODINE 1% WHIRLPOOL, GAL (Prepodyne) (Betodyne)	5.08
POLYMYXIN-BACITRACIN OPH OINT 3.5GM TUBE (Polysporin Opht)	4.95
POST-OP BAG NUR257	1.35
POST-OP POUCH 1 3/4 INCH, BX/10	28.45
POST-OP URINARY PEDCH, 1 1/2 INCH, 10/BX	28.45
POTASSIUM ACETATE 2MEQ/ML INJ..20ML VIAL	0.53
POTASSIUM CHLORIDE 10 MEQ WAX-MATRIX TAB (K Tab)	0.01
POTASSIUM CHLORIDE 10MEQ WAX-MAT TAB U/D (K Dur) ** INPATIENT USE ONLY	0.02
POTASSIUM CHLORIDE 20 MEQ WAX-MATRIX TAB (K Dur)	0.03
POTASSIUM CHLORIDE 20MEQ MAX-MAT TAB U/D (K Dur)	0.03
POTASSIUM CHLORIDE 30MEQ/PACK (K Lor)	0.03
POTASSIUM CHLORIDE 2MEQ/ML INJ 20ML VIAL	0.22
POTASSIUM CHLORIDE 2MEQ/ML INJ 30ML VL	0.58
POTASSIUM IODIDE 10%/ML, 30ML BTL	2.74
POTASSIUM P-AMINOBENZOATE 500MG TAB (Potaba)	0.07

DEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
POTASSIUM PHOSPHATE 3MM/ML INJ. 5ML VIAL	0.38
POUCH ACT. LIFE 1IN TRANS 10/BX 0227-45	15.00
POUCH ACTIVE LIFE 1IN 10/BX 0227-51	15.00
POUCH ACTIVE LIFE 3/4 OPAQ 10/BX 0227-57	14.18
POUCH COLOSTOMY/DRN 1 1/2X16 30/BX H7423	40.46
POUCH CONV/ULTRA 1 1/2IN S/PS 5001-1 1/2	35.00
POUCH CONVEX/ULTRA/SMALL 2IN S/PS 5001-2	40.00
POUCH COVER UNI-MATE #4378	7.54
POUCH DRAIN LONG 3 X 12IN 30/BX H3226	38.02
POUCH DRAIN/FLANGE 1 1/2IN 10/BX H3807	13.30
POUCH DRAIN/FLANGE 1 3/4IN 10/BX H3802	10.25
POUCH DRAIN/FLANGE 2 1/4IN 10/BX H3803	10.25
POUCH DRAIN/MICRO 2 X 16IN 30/BX H3274	15.50
POUCH EZ DRAIN LARGE OPAQUE EACH #219-6	2.40
POUCH FILTER SECUR. 2 1/2IN 30/BX H3145	15.80
POUCH HOLL'GARD 1 1/2IN 30/BX H4123	32.45
POUCH HOLLIGARD 1 3/4IN 30/BX H4129	32.95
POUCH HOLLIGARD 1IN 30/BX H4122	32.95
POUCH HOLLIGARD 2 1/2IN 30/BX H4125	32.00
POUCH HOLLIGARD 2IN 30/BX H4124	25.60
POUCH ILEO. LG ODOR PROOF 5/BX #2544	11.20
POUCH ILEOSTOMY 5/BX #2543	11.00
POUCH MICRO/KARA/FILTER 30/BX H3325	22.00
POUCH MICRO/KARAYA 1 1/2X12 30/BX H3223	41.31

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
POUCH MICRO/KARAYA 2 1/2X12 30/BX H3225	31.90
POUCH MICRO/KARAYA 2X12IN 30/BX H3224	33.80
POUCH MICRO/STOM/DRN/KARA 1 1/4X12 30/BX	34.50
POUCH MICRO/STOMA 1 1/4X16 30/BX H3278	32.50
POUCH MICRO/STOMA 1 3/4X16 30/BX H3279	28.75
POUCH MICRO/STOMA/DRN 1 1/4X9 30/BX	24.85
POUCH MICRO/STOMA/DRN 1 3/4X9 30/BX	24.85
POUCH MICROPORE 1 1/2 X 9IN 30/BX	26.60
POUCH MICROPORE 2X9IN 30/BX H3134	32.00
POUCH MICROPORE OPAQUE 1 1/4 X12IN 30/BX	24.75
POUCH MICROPORE OPAQUE 1 3/4 X12IN 30/BX	26.80
POUCH MINI 1 1/2IN 50/BX H7133	15.50
POUCH MINI 2 1/2IN 50/BX	25.75
POUCH MINI 2IN 50/BX	21.20
POUCH OPAQ CLSD END 1 3/4IN 10/BX 9-21	20.94
POUCH OPAQ CLSD/FLNG 1 1/2 10/BX 0256-20	19.22
POUCH OPAQ/DRN/FLG SURFIT 2 1/4IN 10/BX	1.20
POUCH OPAQ/DRN/FLNG 1 1/2X10 10/BX 56-90	10.97
POUCH OPAQ/DRN/FLNG 1 1/2X12 10/BX 56-40	10.97
POUCH OPAQ/DRN/FLNG 1 1/4X12 10/BX 56-39	10.97
POUCH OPAQ/DRN/FLNG 1 1/4X12 10/BX 56-49	10.48
POUCH OPAQ/DRN/FLNG 1 3/4X10 10/BX 56-91	10.97
POUCH OPAQ/DRN/FLNG 1 3/4X12 10/BX 56-41	10.97
POUCH OPAQ/DRN/FLNG 2 1/4X10 10/BX 56-92	15.50

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
POUCH OPAQ/DRN/FLNG 2 1/4X12 10/BX 56-42	10.97
POUCH OPAQ/DRN/FLNG 2 3/4X10 10/BX 56-93	10.97
POUCH OPAQUE CLOSED END 10/BX 0256-23	19.22
POUCH POST-OP 1 1/8IN 10/BX NO.8259	28.45
POUCH POST-OP 1IN 10/BX 8258	15.00
POUCH PREMIUM CLOSED 1 1/2IN 15/BX H3553	14.50
POUCH PREMIUM DRAIN 1 1/2IN 15/BX H3603	25.17
POUCH PREMIUM DRAIN 1 1/4IN 15/BX H3608	23.00
POUCH PREMIUM DRAIN 2IN 15/BX H3664	38.94
POUCH STOM/DRN/ADHES 2 1/2X16 30/BX	35.20
POUCH STOM/DRN/KARA/ADHES 1 1/4IN 30/BX	35.20
POUCH STOM/DRN/KARA/ADHES 1 1/2X16 30/BX	32.00
POUCH STOM/DRN/KARA/ADHES 1X16 30/BX	28.00
POUCH STOM/DRN/KARA/ADHES 2 1/2X12 30/BX	33.60
POUCH STOM/DRN/KARA/ADHS 1 1/2X12 30/BX	27.00
POUCH STOMA 1 1/2IN 30/BX	20.80
POUCH STOMA 2 1/2IN 30/BX H7165	21.05
POUCH STOMA 2 X 12IN 30/BX H7224	38.20
POUCH STOMA 2 X 16IN 30/BX H7274	32.00
POUCH STOMA OPAQ 1 1/2X12IN 30/BX H3112	33.25
POUCH STOMA SHORT 2 X 12IN 30/BX	30.20
POUCH STOMA/ADHES 1 3/4 X 12IN 30/BX	30.10
POUCH STOMA/DRAIN 1 1/2 X 16IN 30/BX	33.95
POUCH STOMA/DRAIN 1 3/4IN 30/BX	28.00

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
POUCH STOMA/DRN/ADHES 3X12IN 30/BX	37.36
POUCH STOMA/DRN/KARAYA 1 3/4X12 30/BX	30.10
POUCH STOMA/DRN/KARAYA 2 1/2X14 30/BX	25.20
POUCH STOMA/KARAYA 3IN 30/BX	32.90
POUCH SURFIT OPAQ/DRN 2 1/4 X 10IN 10/BX	12.57
POUCH SURFIT OPAQ/DRN 2 3/4 X 12IN 10/BX	1.60
POUCH SURFIT TRANSP/DR/FLNG 1 3/4 10/BX	10.66
POUCH SURFIT TRANSP/DR/FLNG 2 3/4 10/BX	15.00
POUCH SURFIT TRANSP/DRN/FLNG 1 1/2 10/BX	10.97
POUCH SURFIT TRANSP/DRN/FLNG 2 1/2 10/BX	10.97
POUCH SURFIT-MINI/FLANGE 2 1/4IN 10/BX	12.14
POUCH UROST DEEP CONV 1 3/8 10/BX 82615C	42.95
POUCH UROST PREM/FLNG 1 3/4 BOX/10 H3902	15.70
POUCH UROST PREM/FLNG 2 1/4 10/BX H3903	1.33
POUCH UROST PREM/FLNG 2 3/4 10/BX H3904	15.50
POUCH UROSTOMY 1 1/4IN NU-8260	25.63
POUCH UROSTOMY 1 1/8 X 16IN 20/BX	18.30
POUCH UROSTOMY 1 X 12IN 30/BX	19.60
POUCH UROSTOMY 1 X 16IN 20/BX	18.30
POUCH UROSTOMY 1IN 10/BX H1475	20.00
POUCH UROSTOMY 20/BX	25.85
POUCH UROSTOMY SURFIT, 1 1/2 INCH, 10/BX	16.18
POUCH UROSTOMY SURFIT, 1 1/4 INCH, 10/BX	16.18
POUCH UROSTOMY SURFIT, 1 3/4 INCH, 10/BX	16.18

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
POUCH UROSTOMY BURFIT. 2 1/4 INCH. 10/BX	16.10
POUCH UROSTOMY. 2 1/4INCH. 10/BX 0219-58	17.62
POUCH UROSTOMY/KARA 1 1/4X16 30/BX	27.50
POUCH. DRAIN ACTIVE LIFE 10/BX 0227-71	15.55
POUCH. DRAINABLE 1 1/2 IN 10/BX (#4623)	1.84
POUCH. DRAINABLE OPAQUE 2 X 12IN 30/BX	26.55
POUCH. FILTER SECURITY 2IN 30/BX H3144	15.80
POUCH. FILTER STOMA/ADHES 1 1/2IN 30/BX	28.75
POUCH. FILTER STOMA/ADHES 2IN 30/BX	28.75
POUCH. ILEOSTOMY 20 OZ.	4.11
POUCH. MICROPORE 1 1/2IN 30/BX	26.60
POUCH. MICROPORE 1IN 30/BX H3232	22.30
POUCH. MICROPORE 2 X 9IN 30/BX H3234	15.50
POUCH. SECURITY 1 1/2IN 30/BX	19.33
POUCH. SECURITY 1 1/4IN 30/BX	23.44
POUCH. URINARY S/PKG (UNITED) #3206 (Feather Lite)	4.40
POVIDONE/IODINE 1% OINT 1/32OZ PKT (Betadine) (Pharmadyne) ** INPATIENT ONLY	0.03
POVIDONE/IODINE 1% OINT. 30GM TUBE (Betadine) (Pharmadyne)	0.64
POVIDONE/IODINE 10% SOLN. 480ML BTL (Betadine) (Pharmadyne) ** CONTAINS 10% FREE IODINE	1.15
POVIDONE/IODINE 3840ML SOLN BTL (Betadine) (Pharmadyne) ** FOR WHIRLPOOL USE	2.49
POVIDONE/IODINE SCRUB 473ML BT (Betadine)	1.66

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PPT BLA 3%/BA 2% IN SHARP SOZ	0.01
PRAZOBIN 1MG CAP (Minipress)	0.13
PRAZOBIN 1MG CAP U/D (Minipress) ** INPATIENT USE ONLY	0.13
PRAZOBIN 2MG CAP (Minipress)	0.17
PRAZOBIN 2MG CAP U/D (Minipress) ** INPATIENT USE ONLY	0.18
PRAZOBIN 5MG CAP (Minipress)	0.29
PRAZOBIN 5MG CAP U/D (Minipress) ** INPATIENT USE ONLY	0.30
PREDNISOLONE ACET 0.12% OPHTH SUSP 10ML (Pred Mild)	5.04
PREDNISOLONE ACET 1% OPHTH SUSP 10ML (Pred Forte) (Econopred Plus)	2.00
PREDNISONE 1MG TAB (Deltasone) (Orasone)	0.01
PREDNISONE 1MG TAB U/D (Orasone) (Deltasone) ** INPATIENT USE ONLY	0.04
PREDNISONE 20 MG TAB (Deltasone) (Orasone)	0.04
PREDNISONE 20MG TAB U/D (Orasone) (Deltasone) ** INPATIENT USE ONLY	0.08
PREDNISONE 50MG TAB (Deltasone) (Orasone)	0.19
PREDNISONE 50MG TAB U/D (Orasone) (Deltasone) ** INPATIENT USE ONLY	0.31
PREDNISONE 5MG TAB (Deltasone) (Orasone)	0.01
PREDNISONE 5MG TAB U/D (Orasone) (Deltasone) ** INPATIENT USE ONLY	0.05

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PREDNISONE ORAL LIQUID 5MG/5ML	0.02
PRIMIDONE 250MG TAB (Mysoline)	0.11
PRIMIDONE 250MG TAB U/D (Mysoline) ** INPATIENT USE ONLY	0.14
PRIMIDONE 50MG TAB (Mysoline)	0.05
PRIMIDONE 50MG TAB U/D (Mysoline) ** INPATIENT USE ONLY	0.10
PROBENECID 500MG TAB (Benemid)	0.03
PROBENECID 500MG TAB U/D (Benemid) ** INPATIENT USE ONLY	0.13
PROBUCOL 250MG TAB (Lorelco)	0.15
PROBUCOL 250MG TAB U/D (Lorelco) ** INPATIENT USE ONLY	0.16
PROCAINAMIDE HCL 100MG/ML - 10ML VIAL (Pronestyl)	2.05
PROCAINAMIDE HCL 250MG CAP (Pronestyl)	0.01
PROCAINAMIDE HCL 250MG CAP U/D (Pronestyl) ** INPATIENT USE ONLY	0.04
PROCAINAMIDE HCL 250MG SR TAB (Procan S.R.)	0.04
PROCAINAMIDE HCL 250MG SR TAB U/D (Procan S.R.) ** INPATIENT USE ONLY	0.11
PROCAINAMIDE HCL 375MG CAP (Pronestyl)	0.03
PROCAINAMIDE HCL 375MG CAP U/D (Pronestyl) ** INPATIENT USE ONLY	0.04
PROCAINAMIDE HCL 500MG SR TAB (Procan S.R.)	0.04
PROCAINAMIDE HCL 500MG SR TAB U/D (Procan S.R.) ** INPATIENT USE ONLY	0.14
PROCAINAMIDE HCL 500MG/ML - 2ML VIAL (Pronestyl)	3.75
PROCAINE 1%, 2ML AMP (Novocain)	0.86

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PROCARBAZINE HCL 50MG CAP (Matulane)	0.29
PROCARBAZINE HCL 50MG CAP U/D (Matulane) ** INPATIENT USE ONLY	0.24
PROCHLORPERAZINE 10MG TAB (Compazine)	0.05
PROCHLORPERAZINE 10MG TAB U/D (Compazine) ** INPATIENT USE ONLY	0.29
PROCHLORPERAZINE 25MG SUPP (Compazine)	0.76
PROCHLORPERAZINE 5MG SUPP (Compazine)	0.75
PROCHLORPERAZINE 5MG/ML INJ, 10ML VIAL (Compazine)	4.44
PROCHLORPERAZINE 5MG/ML INJ, 2ML AMP (Compazine)	0.88
PROMAZINE HCL 50MG/ML INJ VI 10ML (Sparine)	1.50
PROMETHAZINE 25MG/ML INJ AMP (Phenergan)	0.49
PROPANTHELINE BROMIDE 15MG TAB U/D (Probanthine) ** INPATIENT USE ONLY	0.05
PROPANTHELINE BROMIDE 15MG TAB (Probanthine)	0.01
PROPARACAINE 0.5% OPH SOLN 15ML (Alcaine) (Ophthaine) (Ak Thaine)	0.96
PROPOXYPHENE NAP 50MG/5ML SUSP 473ML (Darvon N) ** (FR-4)	11.48
PROPOXYPHENE NAPSYLATE 100MG TAB U/D (Darvon N) ** (FR-4)	0.09
PROPOXYPHENE NAPSYLATE 100MG TAB (Darvon N) ** (FR-4)	0.07
PROPRANOLOL HCL 10MG TAB (Inderal)	0.04
PROPRANOLOL HCL 10MG TAB U/D (Inderal) ** INPATIENT USE ONLY	0.07
PROPRANOLOL HCL 1MG/ML INJ AMP 1ML (Inderal)	0.91
PROPRANOLOL HCL 20MG TAB (Inderal)	0.01

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PROPRANOLOL HCL 30MG TAB U/D (Inderal)	
** INPATIENT USE ONLY	0.06
PROPRANOLOL HCL 40MG TAB (Inderal)	0.02
PROPRANOLOL HCL 40MG TAB U/D (Inderal)	
** INPATIENT USE ONLY	0.08
PROPRANOLOL HCL 60MG TAB (Inderal)	0.10
PROPRANOLOL HCL 80MG TAB U/D (Inderal)	
** INPATIENT USE ONLY	0.22
PROPYLTHIOURACIL 50MG TAB	0.02
PROPYLTHIOURACIL 50MG TAB U/D	
** INPATIENT USE ONLY	0.04
PROTAMINE SULFATE 1% - 5ML AMP	2.74
PROTIRELIN 500MCG/ML - 1ML AMP (Thypinone)	20.90
PROTRIPTYLINE HCL 10MG TAB (Vivactil)	0.18
PROTRIPTYLINE HCL 10MG TAB U/D (Vivactil)	
** INPATIENT USE ONLY	0.20
PROTRIPTYLINE HCL 5MG TAB (Vivactil)	0.16
PROTRIPTYLINE HCL 5MG TAB U/D (Vivactil)	
** INPATIENT USE ONLY	0.15
PSEUDOEPHEDRINE 60MG TAB (Sudafed)	0.02
PSEUDOEPHEDRINE 60MG TAB U/D (Sudafed)	
** INPATIENT USE ONLY	0.04
PSYLLIUM HYDROPHIL-GUMMA CONC 100GM CAN (Perdiem)	2.13
PSYLLIUM HYDROPHILIC MUCIL 400GM JAR (Metamucil)	1.91
PSYLLIUM HYDROPHILIC MUCIL 6.4GM PAK (Metamucil)	
** INPATIENT ONLY	0.09
PUMP SET, KAMBAROO 5-7136	0.01
PYRAZINAMIDE 500MG TAB	0.34

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
PYRAZINAMIDE 500MG TAB U/D ** INPATIENT USE ONLY	0.39
PYRIDOSTIGMINE BROMIDE 60MG TAB U/D (Mestinon) ** INPATIENT USE ONLY	0.18
PYRIDOSTIGMINE BROMIDE 60MG TABLETS (Mestinon)	0.13
PYRIDOSTIGMINE INJ. 5MG/ML. 2ML AMP (Regonol)	1.05
PYRIDOXINE 25MG TAB	0.01
PYRIDOXINE 25MG TAB U/D ** INPATIENT USE ONLY	0.03
PYRIDOXINE 50MG TAB	0.01
PYRIDOXINE 50MG TAB U/D ** INPATIENT USE ONLY	0.03
PYRIDOXINE INJ. 100MG/ML. 10ML VI	2.39
PYRIMETHAMINE 25MG/SULFADOXINE 500MG TAB LD (Fansidar) ** (FR-2) RESTRICTED TO INF DIS--INPATIENT USE ONLY	1.60
PYRIMETHAMINE 25MG/SULFADOXINE 500MG TAB (Fansidar) ** (FR-2) RESTRICTED TO INFECTIOUS DISEASE	1.35
QUINIDINE GLUC 80MG/ML INJ 10ML VIAL	0.45
QUINIDINE GLUCONATE 324MG SA TAB U/D (Quinaglute) ** INPATIENT USE ONLY	0.15
QUINIDINE GLUCONATE 324MG SA TAB (Quinaglute)	0.06
QUINIDINE SULFATE 200MG TAB	0.03
QUINIDINE SULFATE 200MG TAB U/D ** INPATIENT USE ONLY	0.14
QUININE SULFATE 195MG CAP	0.16
QUININE SULFATE 195MG CAP U/D ** INPATIENT USE ONLY	0.16
QUININE SULFATE 300MG CAP	0.09
QUININE SULFATE 300MG CAP U/D ** INPATIENT USE ONLY	0.12

[redacted] HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
RABIES IMMUNE GLOBULIN 10ML VIAL (Hyperab)	236.40
RABIES VACCINE, HUMAN DIPLOID 1ML VI (Imovax)	45.00
RANITIDINE 150MG TAB (Zantac) ** RESTRICTED TO GASTROENTEROLOGY (FR-2)	0.87
RANITIDINE 150MG TAB U/D (Zantac) ** INPATIENT USE ONLY (GASTROENTEROLOGY) (FR-2)	0.45
RESERPINE 0.1MG TAB (Serpasil) (Raused)	0.01
RESERPINE 0.1MG TAB U/D (Serpasil) (Raused) ** INPATIENT USE ONLY	0.02
RESERPINE 0.25MG TAB (Serpasil) (Raused)	0.01
RESERPINE 0.25MG TAB U/D (Serpasil) (Raused) ** INPATIENT USE ONLY	0.02
RESORCINOL CRYSTALS 454GM BOTTLE	3.00
RIFAMPIN 300MG CAP (Rifadin)	0.17
RIFAMPIN 300MG CAP U/D (Rifadin) ** INPATIENT USE ONLY	0.20
RING SET, INNER	30.95
RING SET, UPPER	30.95
RINGERS SOLN. 1000ML IV BAG	1.92
[redacted] MARLEN MFG	1.00
SALICYLIC 16.7%/LACTIC 16.7% 15ML BTL (Duofilm)	3.74
SALICYLIC ACID 0.25% OINT. 454GM JAR	5.90
SALICYLIC ACID 40% PLASTER 2-1/2 X 4 PCH	0.47
SALICYLIC ACID POWDER 454GM JAR	5.90
SALSALATE 750MG TAB (Disalcid)	0.06

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
SALSALATE 750MG TAB U/D (Disalcid) ** INPATIENT USE ONLY	0.10
SCHAMBERG'S TOPICAL LOTION 480ML BOTTLE	4.60
SCOPOLAMINE INJ. 0.43MG/0.5ML AMP	0.72
SCOPOLAMINE OPTH. 0.25%. 15ML BTL	4.00
SELENIUM SULFIDE SOLN 2.5%. 120ML BT (Selsun)	0.81
SENNA CONCENTRATE 180GM CAN. GRANULES (Senokot) ** (FR-4) NO REFILLS	3.67
SENNA CONCENTRATE 187MG TAB (Senokot) ** (FR-4) NO REFILLS	0.02
SENNA CONCENTRATE 187MG TAB U/D (Senokot) ** INPATIENT USE ONLY	0.06
SENNA CONCENTRATE 600M CAN. GRANULES (Senokot) ** (FR-4) NO REFILLS	2.39
SHAMPOO. MILD (BABY SHAMPOO) 120ML BT ** RESTRICTED TO NHCU/LTC (STOCK)	0.96
SIGMOIDOSCOPY PREP KIT ** BISACODYL 2 TABS AND 2 FLEETS ENEMAS	0.85
SILVER NITRATE APPLIC STKS. 100/TUBE	5.25
SILVER SULFADIAZINE CR 1%. 400GM JAR (Silvadene)	13.21
SIMETHICONE 40MG/0.6ML. 30ML BTL (Mylicon)	3.97
SIMETHICONE 80MG TAB (Mylicon) ** (FR-4) NO REFILLS	0.04
SIMETHICONE 80MG TAB U/D (Mylicon) ** INPATIENT USE ONLY	0.31
SKIN BARRIER 5.5 OZ 740014	4.00
SKIN BARRIER HOLLIHESIVE S/BX H7700	7.00
SKIN BARRIER W/ FLNG 1 1/2IN S/BX H3707	9.75
SKIN BARRIER W/FLNG 1 1/2IN S/BX H4413	2.31

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
SKIN BARRIER W/FLNG 1 3/4IN 10/BX H3702	9.75
SKIN BARRIER W/FLNG 2 1/4IN 5/BX H3703	9.75
SKIN BARRIER, PREMIUM 5/BX H7900	7.98
SKIN BARRIER/FLANGE 2IN H3704	0.93
SKIN BARRIER/FLANGE 4IN H3706	3.01
SKIN BOND ADHESIVE (SKIN-TAC) 120ML #407	5.50
SKIN CARE CREAM 90GM TUBE BARD 740201	5.00
SKIN GEL 30GM TUBE H7916	2.18
SKIN GEL SPRAY H7918	3.50
SKIN GEL WIPES 50/BX H7917	4.59
SKIN LOTION 60ML BOTTLE (Keri Lotion) ** INPATIENT ONLY	0.19
SKIN PREP 59ML BTL	4.80
SKIN PREP SPRAY 120ML UNITED 4202	6.63
SKIN PREP WIPES 50/BX	6.24
SLEEVE ONLY	6.00
SOD CITRATE/CITRIC ACID 500MG/334 MG/5CC (Bicitra)	0.01
SOD HYPOCHLORITE 0.25% SOL ** 1/2 STRENGTH--SPECIAL COMPOUNDING	0.01
SOD HYPOCHLORITE 0.5% SOL (DAKIN'S) ** FULL STRENGTH--SPECIAL COMPOUNDING	0.01
SODIUM ACETATE INJ. 2MEQ/ML, 20ML VIAL	0.53
SODIUM BICARB 7.5% (44.6MEQ) INJ 50ML VL	0.65
SODIUM BICARBONATE 325MG TAB	0.01
SODIUM BICARBONATE 325MG TAB U/D ** INPATIENT USE ONLY	0.03

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
SODIUM BICARBONATE 44.6MEQ/50ML SYRINGE	2.28
SODIUM BICARBONATE 650MG TAB	0.02
SODIUM BICARBONATE 650MG TAB U/D ** INPATIENT USE ONLY	0.03
SODIUM BICARBONATE POWDER 113GM BTL.	1.06
SODIUM CHLOR IRRIG. SOL 0.9% 1000ML P.B.	0.88
SODIUM CHLOR IRRIG. SOL 0.9%. 1000ML BG	1.01
SODIUM CHLOR IRRIG. SOL 0.9%. 500ML BT	0.91
SODIUM CHLORIDE 0.45%. 1000ML IV BAG	1.24
SODIUM CHLORIDE 0.9% INJ.. 10ML VIAL	0.20
SODIUM CHLORIDE 0.9% INJ.. 30ML MDV	0.55
SODIUM CHLORIDE 0.9%. 100ML IV BAG	0.93
SODIUM CHLORIDE 0.9%. 50ML IV BAG	0.93
SODIUM CHLORIDE 0.9%. 5ML VIAL ** DISPOS-A-VIAL. FOR IPPB	0.10
SODIUM CHLORIDE 5% OPH SOLN 15ML BTL (Adsorbonac)	4.50
SODIUM CHLORIDE 5% OPHTH OINT 3.5GM TU (Adsorbonac)	2.43
SODIUM CHLORIDE INJ. 4MEQ/ML. 30ML VIAL	1.84
SODIUM CHLORIDE IV 0.9% 1000ML BAG	0.75
SODIUM CHLORIDE IV 0.9% 500ML BAG	0.66
SODIUM CHLORIDE IV 0.9%. 250ML BOTTLE	0.95
SODIUM CHLORIDE IV 3%. 500ML BOTTLE	0.83
SODIUM CHLORIDE IV 5%. 500ML BAG	0.73
SODIUM HYPOCHLORITE PWDR. 2270GM CAN ** FOR COMPOUNDING DAKIN'S SOLN	44.50
SODIUM IODIDE 1GM/AMP	1.13

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
SODIUM LACTATE INJ. 5MEQ/ML. 10ML VIAL	1.46
SODIUM PHOSPHATE ENEMA 133ML (Fleet Enema)	0.38
SODIUM PHOSPHATE INJ. 3MM/ML. 15ML VIAL	1.90
SODIUM PHOSPHATE ORAL SOLN 45ML BTL	0.49
SODIUM POLYSTYRENE SULFON. 15GM/60ML BT (Kayexalate)	1.57
SODIUM POLYSTYRENE SULFON. 25% 500ML BT (Kayexalate)	21.42
SODIUM SALICYLATE INJ. 100MG/ML 10ML AMP	0.76
SODIUM TETRADECYL 1%. 2ML AMP (Sotradecol)	2.70
SODIUM TETRADECYL 3%. 2ML AMP (Sotradecol)	3.15
SOLVENT TORBOT 480ML BTL	7.00
SORBITOL 70%. 480ML	0.50
SPECTINOMYCIN INJ 2GM VIAL (Trobacin) ++ RESTRICTED TO E.R. (STOCK) OR INFECTIOUS DIS (FR-2)	8.39
SPIRONOLACTONE 25MG TAB (Aldactone)	0.01
SPIRONOLACTONE 25MG TAB U/D (Aldactone) ++ INPATIENT USE ONLY	0.07
SPONGE GAUZE 2IN X 2IN STERILE 100/PKG	2.56
SPONGE GAUZE 4IN X 4IN 200/PKG	10.28
SPONGE GAUZE 4IN X 4IN 50/BX	1.56
SPONGES (DRAIN) 4 X 4 IN 50/BX	1.95
STARTER SET COMB CONE/TUBE 2IN H7726	25.00
STIMEL 30I	4.50
STOMA ADHESIVE. 1 1/4IN. BX/30	25.88
STOMA ADHESIVE. 3IN. BX/30	23.80
STOMA ADHESIVE. BX/30	26.90

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
STOMA BAG. 1 X 12IN. BX/30	24.90
STOMA BAG. 2IN. BRIEF 9IN. BX/30	38.70
STOMA BAG. DRAINABLE. 1 3/4IN. BX/30	20.00
STOMA CAP W/FILTER 2IN 3/BX H7183	19.35
STOMA CLOSED. 2IN. 30/BX H7184	19.80
STOMA CONE W/CONNECTOR REPLACEMENT H7723	1.50
STOMA CONE. VISI-FLOW 0227-36	28.00
STOMA DRAIN COMB. CONE/TUBE 2IN 20/BX	14.80
STOMA DRAIN COMB. CONE/TUBE 3IN 20/BX	15.00
STOMA SEAL 10/BX	2.00
STOMAHESIVE 4X4 5/BX	7.84
STOMAHESIVE PASTE 2 OZ BD 1839-10	4.76
STOMAHESIVE POWDER 30GM BOTTLE	3.50
STRAP LEG KIT (KAYS 6015) (UROCARE 6350)	6.91
STRAP-LEG AND BUTTON	4.00
STRAPS-LEG BAG H9804	3.12
STREPTOKINASE 250,000 UNITS/VIAL (Streptase)	38.90
STREPTOKINASE 750,000UNITS/VIAL (Streptase)	88.30
STREPTOMYCIN 500/2.5ML VIAL	3.10
SUCCINYLCHOLINE CL 1000MG INJ BT (Anectine)	3.08
SUCCINYLCHOLINE CL 20MG/ML VI 10ML (Anectine)	1.60
SUCRALFATE 1GM TAB (Carafate)	0.35
SUCRALFATE 1GM TAB U/D (Carafate) ** INPATIENT USE ONLY	0.30
SULFACETAMIDE SOD 10% OPH SOLN 15ML (Bleph 10)	1.10

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
SULFACETAMIDE-PREDNISOLONE OPH SUSP 10ML (Blephamide)	2.69
SULFABALAZINE 500MG TAB (Azulfidine)	0.05
SULFABALAZINE 500MG TAB U/D (Azulfidine) ** INPATIENT USE ONLY	0.76
SULFOBROMOPHTHALEIN SOD 50MG/ML - 10ML	2.75
SULFUR 2%, SA 2% IN 1% HC CR 120GM JAR	5.00
SULFUR/SALICYLIC ACID SOLUTION 120ML BTL (Sebulex Shampoo)	2.42
SULINDAC 150MG TAB (Clinoril) ** [FR-4], [FR-2] RESTRICTED TO RHEUM, ORTHO, HEME-ONC, SCI, REHAB MED	0.36
SULINDAC 150MG TAB U/D (Clinoril) ** [FR-4] INPATIENT USE ONLY	0.42
SULINDAC 200MG TAB (Clinoril) ** [FR-4], [FR-2] RESTRICTED TO RHEUM, ORTHO, HEME-ONC, SCI, REHAB MED	0.52
SULINDAC 200MG TAB U/D (Clinoril) ** [FR-4] INPATIENT USE ONLY	0.55
SURFIT ACTIVE LIFE POUCH 1 3/4 IN 10/BX	15.08
SURFIT ACTIVE LIFE POUCH 2IN 30/BX	15.08
SURGI-PAD 5 X 9IN 25/BX	5.26
SURGICAL GLOVES SIZE 6 1/2 STERILE	0.02
SURGICAL GLOVES SIZE 7 1/2 STERILE	0.02
SURGICAL GLOVES SIZE 7 STERILE	0.02
SURGICAL GLOVES SIZE 8 1/2 STERILE	0.02
SURGICAL GLOVES SIZE 8 STERILE	0.02
SUSPENSORY SCROTAL (LARGE)	4.19
SUSPENSORY SCROTAL (MEDIUM)	4.50
SUSPENSORY SCROTAL (X-LARGE)	2.48
SYR-NDL U-100 27/2B 1/2B 1/2IN BD8410	0.01

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
SYR. DISP. *UNEROLIN 2AB 3/BIN	0.04
SYRINGE (EAR) MED-PAK 3 OZ	4.00
SYRINGE 3CC 22 G X 1 1/2 NEEDLE 91/EACH	0.04
SYRINGE 3CC 25G BV 5/8 EACH	0.04
SYRINGE 60CC PISTON TIP	0.43
SYRINGE DISP. 10ML LUERLOCK	0.06
SYRINGE DISP. 30ML LUERLOCK	0.16
SYRINGE DISPOSABLE 50ML	0.24
SYRINGE, INSULIN 100U (LO-DOSE) 25G DISP	0.15
SYRINGE, INSULIN 100U 28G DISP	0.05
TALCUM POWDER 454GM BOTTLE ** (FR-4) NO REFILLS	1.91
TAMOXIFEN 10MG TAB U/D (Nolvadex) ** INPATIENT USE ONLY	0.68
TAMOXIFEN CITRATE 10MG TAB (Nolvadex)	0.63
TAPE ADHESIVE 1/2IN X 10YDS	0.82
TAPE ADHESIVE 1IN X 5YDS	0.42
TAPE ADHESIVE 2IN X 5YDS	0.79
TAPE ADHESIVE 3IN X 10YDS	4.13
TAPE DERMICEL 1IN X 10YDS	1.33
TAPE DERMICEL 2IN X 10YDS	2.64
TAPE DERMICLEAR 1IN X 5YDS	0.87
TAPE HYTAPE 1IN X 5YDS	1.82
TAPE HYTAPE 2IN X 5YDS	3.64
TAPE MICROFOAM 1IN	2.06

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
TAPE MICROPORE 1IN X 10YDS	0.24
TAPE MICROPORE 2IN X 10YDS	2.29
TAPE SCANPORE 1IN	2.63
TAPE TRANSPORE 1IN X 10YDS	0.75
TAPE TRANSPORE 2IN X 10YDS	1.18
TAPE, STERI STRIP 1/4IN X 3 IN 3/PKG	0.52
TED STOCKINGS FULL LEG X/LRG-LONG 3995	11.07
TED STOCKINGS FULL LEG, LRG-LONG 3923	8.10
TED STOCKINGS FULL LEG, LRG-REG 3221	11.07
TED STOCKINGS FULL LEG, MED-LONG 3344	8.10
TED STOCKINGS FULL LEG, X/LRG-REG 3922	8.10
TERAZOSIN HCL 1MG TAB (Hytrin)	0.47
TERAZOSIN HCL 1MG TAB U/D (Hytrin) ** INPATIENT USE ONLY	0.64
TERAZOSIN HCL 2MG TAB (Hytrin)	0.47
TERAZOSIN HCL 2MG TAB U/D (Hytrin) ** INPATIENT USE ONLY	0.64
TERAZOSIN HCL 5MG TAB (Hytrin)	0.47
TERAZOSIN HCL 5MG TAB U/D (Hytrin) ** INPATIENT USE ONLY	0.64
TERBUTALINE 1MG/ML INJ 1ML (Brethine) (Bricanyl)	0.48
TERBUTALINE 2.5MG TAB (Brethine) (Bricanyl)	0.03
TERBUTALINE 2.5MG TAB U/D (Brethine) (Bricanyl) ** INPATIENT USE ONLY	0.03
TERBUTALINE 5MG TAB (Brethine) (Bricanyl)	0.02

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
TERBUTALINE 5MG TAB U/D (Brethine) (Bricanyl) ** INPATIENT USE ONLY	0.03
TESTAPE ROLL	3.56
TESTOSTERONE AQ 100MG/ML 10ML VI	4.44
TESTOSTERONE CYP 100MG/ML 10ML VI (Depo Testosterone)	15.24
TESTOSTERONE CYP 200MG/ML.10ML VI (Depo Testosterone)	27.45
TESTOSTERONE ENANTHATE 200MG/ML.5ML VI (Delatestryl)	19.69
TETANUS IMMUNE GLOBULIN 250U DISP. SYR. (Hyper Tet)	3.58
TETANUS-DIPHTHERIA TOX ADSORBED 5ML VI	5.93
TETRACAINE 0.5% OPH SOLN 2ML (Pontocaine)	2.33
TETRACAINE 1%. 2ML AMP (Pontocaine)	1.49
TETRACYCLINE 1% OPH OINT 3.5GM (Achromycin)	4.82
TETRACYCLINE HCL 250MG CAP (Achromycin)	0.02
TETRACYCLINE HCL 250MG CAP U/D (Achromycin) ** INPATIENT USE ONLY	0.03
TETRACYCLINE INJ. 500MG VIAL	3.89
TETRACYCLINE SUSP 125MG/5ML LIQ 480ML (Achromycin)	11.13
THEOPHYLLINE IV 800MG/1000ML D5W	3.40
THEOPHYLLINE ORAL SOL 160MG/30ML U/D ** INPATIENT USE ONLY	0.26
THEOPHYLLINE ORAL SOL. 80MG/15 ML U/D ** INPATIENT USE ONLY	0.15
THEOPHYLLINE SR 100MG CAP (THEO-24) (Theo 24)	0.02
THEOPHYLLINE SR 100MG CAP U/D (Theo 24) ** INPATIENT USE ONLY	0.02
THEOPHYLLINE SR 200MG CAP (THEO-24) (Theo 24)	0.04

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ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
THEOPHYLLINE SR 200MG CAP U/D (Theo 24)	0.03
** INPATIENT USE ONLY	
THEOPHYLLINE SR 200MG TAB (Theodur)	0.03
THEOPHYLLINE SR 200MG TAB U/D (Theodur)	0.05
** INPATIENT USE ONLY	
THEOPHYLLINE SR 300MG CAP (THEO-24) (Theo 24)	0.04
THEOPHYLLINE SR 300MG CAP U/D (Theo 24)	0.05
** INPATIENT USE ONLY	
THEOPHYLLINE SR 300MG TAB (Theodur)	0.03
THEOPHYLLINE SR 300MG TAB U/D (Theodur)	0.05
** INPATIENT USE ONLY	
THIAMINE 100MG TAB	0.01
THIAMINE 100MG TAB U/D	0.03
** INPATIENT USE ONLY	
THIAMINE INJ. 100MG/ML. 30ML VIAL	1.17
THIAMYLAL 500M INJ. VIAL (Surital)	8.46
THIETHYLPERAZINE MALEATE 10 MG SUPP. (Torecan)	0.49
THIETHYLPERAZINE MALEATE 10 MG TAB U/D (Torecan)	0.14
** INPATIENT USE ONLY	
THIETHYLPERAZINE MALEATE 10MG TAB (Torecan)	0.11
THIETHYLPERAZINE MALEATE 5MG/ML. 2ML AMP (Torecan)	0.90
THIGH LENGTH NYLON. LRG-LONG 3856	6.05
THIGH LENGTH NYLON. LRG-REG 3738	6.05
THIGH LENGTH NYLON. LRG-SHORT 3634	6.05
THIGH LENGTH NYLON. MED-LONG 3549	6.05
THIGH LENGTH NYLON. MED-REG 3416	6.05
THIGH LENGTH NYLON. MED-SHORT 3310	6.05

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
THIGH LENGTH NYLON- SMALL-LONG 3232	6.05
THIGH LENGTH NYLON- SMALL-REG 3130	6.05
THIGH LENGTH NYLON- SMALL-SHORT 3071	8.27
THIOPENTAL 2.5% INJ. KIT (Pentothal)	15.80
THIORIDAZINE HCL 10MG TAB (Mellaril)	0.15
THIORIDAZINE HCL 10MG TAB U/D (Mellaril) ** INPATIENT USE ONLY	0.19
THIOTHIXENE 1MG CAP (Navane)	0.13
THIOTHIXENE 1MG CAP U/D (Navane) ** INPATIENT USE ONLY	0.14
THIOTHIXENE 20MG CAP (Navane)	0.41
THIOTHIXENE 20MG CAP U/D (Navane) ** INPATIENT USE ONLY	0.47
THIOTHIXENE 5MG CAP (Navane)	0.21
THIOTHIXENE 5MG CAP U/D (Navane) ** INPATIENT USE ONLY	0.32
THIOTHIXENE 5MG/ML CONC 120ML (Navane)	24.26
THIOTHIXENE 5MG/ML INJ., 2ML VIAL (Navane)	1.14
THIOTHIXENE 5MG/ML ORAL SOLN. 30ML BT (Navane)	7.92
THROMBIN TOPICAL 5000UNITS VIAL	7.72
THYROID 120MG TAB	0.04
THYROID 120MG TAB U/D ** INPATIENT USE ONLY	0.04
THYROID 15MG TAB	0.02
THYROID 15MG TAB U/D ** INPATIENT USE ONLY	0.07
THYROID 180MG TAB	0.06

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
THYROID 180MG TAB U/D ** INPATIENT USE ONLY	0.11
THYROID 30MG TAB	0.02
THYROID 30MG TAB U/D ** INPATIENT USE ONLY	0.04
THYROTROPIN 10 I.U. VIAL (Thytropar)	73.25
TICARCILLIN INJ. 3GM PIGGYBACK (Ticar)	5.75
TICARCILLIN INJ. 6GM VIAL (Ticar)	11.40
TICARCILLIN/CLAVULANIC 3.1GM PB VIAL (Timentin) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	9.00
TICARCILLIN/CLAVULANIC 3.1GM VIAL (Timentin) ** RESTRICTED TO INFECTIOUS DISEASE (FR-2)	9.45
TIMOLOL 0.25% OPTH SOLN. 10ML BT (Timoptic)	14.62
TIMOLOL 0.25% OPTH SOLN. 5ML BT (Timoptic)	7.56
TIMOLOL 0.5% OPTH SOLN. 10ML BTL (Timoptic)	17.88
TIMOLOL 0.5% OPTH SOLN. 5ML BT (Timoptic)	8.67
TIMOLOL MALEATE 10MG TAB (Blocadren) ** RESTRICTED TO CARDIOLOGY AND HTN (FR-3)	0.21
TIMOLOL MALEATE 10MG TAB U/D (Blocadren) ** INPATIENT USE ONLY (CARDIOLOGY AND HTN) (FR-3)	0.13
TINCTURE OF BENZOIN 130ML BOTTLE (Tin Ben)	2.00
TINCTURE OF BENZOIN COMPOUND 120ML BTL (Tinco Ben)	2.00
TOBRAMYCIN POWDER 1.2GM VIAL (Nebcin) ** RESTRICTED TO ORTHOPEDICS (FR-1)	81.90
TOCAINIDE 400MG TAB U/D (Tonocard) ** INPATIENT USE ONLY (CARDIOLOGY) (FR-3)	0.39
TOCAINIDE 400MG TABLET (Tonocard) ** RESTRICTED TO CARDIOLOGY (FR-3)	0.34
TOCAINIDE 600MG TAB U/D (Tonocard) ** INPATIENT USE ONLY (CARDIOLOGY) (FR-3)	0.56

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GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
TOCAINIDE 400MG TABLET (Tonocard) ** RESTRICTED TO CARDIOLOGY (FR-3)	0.47
TOLAZAMIDE 250MG TAB (Tolinase)	0.15
TOLAZAMIDE 250MG TAB U/D (Tolinase) ** INPATIENT USE ONLY	0.19
TOLMETIN 200MG TAB (Tolectin) ** (FR-4), (FR-2) RESTRICTED TO RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.09
TOLMETIN 200MG TAB U/D (Tolectin) ** (FR-4) INPATIENT USE ONLY	0.11
TOLMETIN 400MG DB CAP (Tolectin D.S.) ** (FR-4), (FR-2) RESTRICTED TO RHEUM. ORTHO. HEME-ONC. SCI. REHAB MED	0.16
TOLMETIN 400MG DB CAP U/D (Tolectin D.S.) ** (FR-4) INPATIENT USE ONLY	0.45
TORBOT URINE POUCH, 1 INCH B. EACH	1.54
TRACE ELEMENT 1ML VIAL	0.59
TRACHCARE KIT	2.12
TRANYLCYPROMINE SULF 10 MG TAB U/D (Parnate) ** INPATIENT USE ONLY (PSYCHIATRY) (FR-2)	0.16
TRANYLCYPROMINE SULF 10MG TAB (Parnate) ** RESTRICTED TO PSYCHIATRY SERVICE (FR-2)	0.12
TRAZODONE HCL 100MG TAB (Desyrel)	0.29
TRAZODONE HCL 100MG TAB U/D (Desyrel) ** INPATIENT USE ONLY	0.38
TRAZODONE HCL 50MG TAB (Desyrel)	0.17
TRAZODONE HCL 50MG TAB U/D (Desyrel) ** INPATIENT USE ONLY	0.23
TRETINOIN 0.025% GEL 15GM TUBE (Retin A) ** RESTRICTED TO DERMATOLOGY (FR-2)	5.30
TRETINOIN 0.1% CREAM 20GM TUBE (Retin A) ** RESTRICTED TO DERMATOLOGY (FR-2)	6.86

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
TRIAMCINOLONE 0.025% CREAM, 15GM TU (Kenalog) (Aristocort)	0.51
TRIAMCINOLONE 0.025% CREAM, 240GM JAR (Kenalog) (Aristocort)	3.94
TRIAMCINOLONE 0.025% CREAM, 60GM TU (Kenalog) (Aristocort)	1.53
TRIAMCINOLONE 0.1% CREAM, 15GM TUBE (Kenalog) (Aristocort)	0.51
TRIAMCINOLONE 0.1% CREAM, 5LB JAR (Kenalog) (Aristocort)	23.00
TRIAMCINOLONE 0.1% LOTION, 60ML BTL (Kenalog) (Aristocort)	10.37
TRIAMCINOLONE 0.1% OINT, 15GM TU (Kenalog) (Aristocort)	0.51
TRIAMCINOLONE 0.1% OINT, 454 GM (Kenalog) (Aristocort)	4.60
TRIAMCINOLONE 0.1% OINT, 5LB JAR (Kenalog) (Aristocort)	24.12
TRIAMCINOLONE 0.5% CREAM, 15GM TUBE (Kenalog) (Aristocort)	2.54
TRIAMCINOLONE 0.5% CREAM, 240GM (Aristocort) (Kenalog)	7.56
TRIAMCINOLONE ACET 10MG/ML,5ML VI (Kenalog 10)	5.11
TRIAMCINOLONE ACET 40MG/ML, 5ML VI (Kenalog 40)	17.60
TRIAMCINOLONE ACET ORAL INH (240 DOSES) (Azmacort)	4.45
TRIAMCINOLONE DENTAL PASTE 0.1%, 5GM TU (Kenalog Orabase)	3.15
TRIAMCINOLONE HEXACET 20MG/ML,5ML VI (Aristospan)	19.73
TRIAMTERENE 100MG CAP (Dyrenium)	0.10
TRIAMTERENE 100MG CAP U/D (Dyrenium) ** INPATIENT USE ONLY	0.15

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
TRIAMTERENE 50MG CAP (Dyrenium)	0.11
TRIAMTERENE 50MG CAP U/D (Dyrenium) ** INPATIENT USE ONLY	0.12
TRIAZOLAM 0.125MG TAB (Halcion) ** (FR-4)-NO REFILLS	0.09
TRIAZOLAM 0.125MG TAB U/D (Halcion) ** INPATIENT USE ONLY (FR-4)	0.12
TRIAZOLAM 0.25MG TAB (Halcion) ** (FR-4)-NO REFILLS	0.10
TRIAZOLAM 0.25MG TAB U/D (Halcion) ** INPATIENT USE ONLY (FR-4)	0.10
TRIETHYLENETHIOPHOSPHORAMIDE 15MG INJ VI (Thiotepa)	15.36
TRIFLUOPERAZINE 10MG TAB (Stelazine)	0.04
TRIFLUOPERAZINE 10MG TAB U/D (Stelazine) ** INPATIENT USE ONLY	0.14
TRIFLUOPERAZINE 10MG/ML SOLN, 60ML BT (Stelazine)	23.89
TRIFLUOPERAZINE 2MG TAB (Stelazine)	0.03
TRIFLUOPERAZINE 2MG TAB U/D (Stelazine) ** INPATIENT USE ONLY	0.21
TRIFLUOPERAZINE 2MG/ML INJ.,10ML VIAL (Stelazine)	10.97
TRIFLUOPERAZINE 5MG TAB (Stelazine)	0.03
TRIFLUOPERAZINE 5MG TAB U/D (Stelazine) ** INPATIENT USE ONLY	0.12
TRIFLURIDINE 1% OPTH SOLN 7.5ML (Viroptic)	17.71
TRIMEPRAZINE TARTRATE 2.5MG TAB U/D (Temaril) ** INPATIENT USE ONLY	0.33
TRIMEPRAZINE TARTRATE 2.5MG TAB (Temaril)	0.13
TRIMETHOPRIM/SULFA 16MG/80MG/ML 30ML VI (Bactrim) (Septra) ** RESTRICTED TO INFECTIOUS DISEASE (FR-21	13.99

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
TRIMETHOPRIM/SULFA 40MG/200MG/5ML SUSP (Bactrim) (Septra)	0.02
TRIMETHOPRIM/SULFA 80MG/ 400MG TAB U/D (Bactrim) (Septra) ** INPATIENT USE ONLY	0.11
TRIMETHOPRIM/SULFA 80MG/400MG TAB (Bactrim) (Septra)	0.03
TRIPROLIDINE/ PSEUDOEPHEDRINE TAB U/D (Actifed) ** INPATIENT USE ONLY	0.11
TRIPROLIDINE/PSEUDOEPHEDRINE TAB (Actifed) ** [FR-4] NO REFILLS	0.09
TROPICAMIDE OPHTH 0.5%. 15ML BTL (Tropicacyl) (Mydriacyl)	3.77
TROPICAMIDE OPHTH 1%. 15ML BTL (Tropicacyl) (Mydriacyl)	1.95
TRYPSIN SPRAY 1130H AEROSOL CAN (Granulex) (Granumed)	7.64
TUBE INLET WATER 28FR REG	5.00
TUBE INSERTION (GREER) 7019	3.50
TUBE NASAL 16FR LEVIN	3.00
TUBE, DRAINAGE 9/32IN X 60IN K56	5.50
TUBE, NASOGASTRIC FEEDING 8 FR (7128s)	12.00
TUBE, UROSTOMY DRAIN STANDARD (H7328)	3.00
TUBERCULIN PPD 1TU/0.1ML - 1ML VIAL	6.65
TUBERCULIN PPD 250TU/0.1ML - 1ML VIAL	9.30
TUBERCULIN PPD 5TU/0.1ML - 1ML VIAL	3.90
TUBOCURARINE 3MG/ML INJ., 10ML VIAL	4.00
TYLOXAPOL/BENZ CHL OPHTH. 15ML BTL (Enuclene)	4.40
TYPHOID VACCINE, 10 DOSE VIAL	2.62

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
URI-WASH 240ML BTL	7.50
URIDERM 240ML	5.35
URACIL MUSTARD 1MG CAP	0.13
URACIL MUSTARD 1MG CAP U/D ** INPATIENT USE ONLY	0.18
UREA 10% LOTION 180GM BOTTLE (Carmol)	2.28
UREA 20% CREAM 90GM TUBE (Carmol)	2.41
UREA POWDER 454GM JAR	14.25
URI-DRAIN TUBE/CONNECTOR	0.85
URI-KLEEN DEODORANT/DETERGENT 480ML	6.50
URINE COLLECTION SYST. 32 OZ BAG	4.50
UROLOGICAL SOLUTION 1000ML BTL (Sudya Solution)	2.62
UROSTOMY BAG. 1 X 12IN KARAYA-S. BX/20	25.85
UROSTOMY SYSTEM (VANCE) 501000	34.00
VALVE. THE LITTLE RED	5.25
VANCOMYCIN INJ. 500MG VIAL (Vancocin)	14.83
VASOPRESSIN 20U/ML/AMP (Pitressin)	4.48
VASOPRESSIN TANNATE 5UNITS/ML 1ML AMP (Pitressin Oil)	1.09
VECURONIUM BROMIDE 1MG/ML - 10ML VIAL (Norcuron)	10.97
VERAPAMIL HCL 120MG TAB (Isoptin) (Calan)	0.06
VERAPAMIL HCL 120MG TAB U/D (Calan) (Isoptin) ** INPATIENT USE ONLY	0.07
VERAPAMIL HCL 240MG SR CAPLET (Calan S.R.)	0.59
VERAPAMIL HCL 5MG/2ML VIAL (Calan) (Isoptin)	2.60

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
VERAPAMIL HCL 80MG TAB (Isoptin) (Calan)	0.08
VERAPAMIL HCL 80MG TAB U/D (Calan) (Isoptin) ** INPATIENT USE ONLY	0.06
VIALS, STERILE EMPTY 10CC	0.42
VIALS, STERILE EMPTY 2ML DOSETTE	0.36
VIDARABINE 3% OPTH OINT 3.5GM (Vira A)	4.40
VINBLASTINE 10MG INJ. VIAL (Velban)	23.09
VINCRISTINE SULF 1MG INJ VIAL (Oncovin)	22.37
VINCRISTINE SULF 5MG INJ VIAL (Oncovin)	100.99
VIT. B COMPLEX WITH C CAP (Nephrovite) ** RESTRICTED TO NEPHROLOGY (FR-33	0.04
VIT. B COMPLEX WITH C CAP U/D (Nephrovite) ** INPATIENT USE ONLY (NEPHROLOGY) (FR-33	0.03
VITAMIN A 50,000 IU CAP (Aquasol)	0.17
VITAMIN A 50,000 IU CAP U/D (Aquasol) ** INPATIENT USE ONLY	0.19
VITAMIN B COMPLEX CAP (Trisayn B)	0.01
VITAMIN B COMPLEX CAP U/D (Trisayn B) ** INPATIENT USE ONLY	0.03
WAFER DURAHESIVE SURFIT 1 1/2IN S/PKG	15.00
WAFER DURAHESIVE SURFIT 1 3/4IN S/PKG	15.00
WAFER DURAHESIVE SURFIT 2 1/4IN S/PKG	3.47
WAFER FLEX SURFIT 2 3/4IN S/BX 0225-24	7.87
WAFER FLEXIBLE SURFIT 1 1/2IN S/BX	15.18
WAFER FLEXIBLE SURFIT 1 3/4IN S/BX	10.10
WAFER FLEXIBLE SURFIT 2 1/4IN S/BX	10.90

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
WAFER KARAYA 1 1/4X2 1/2 BLANCHARD 10/PG	5.16
WAFER KARAYA 1 X 2IN BLANCHARD 10/PKG	5.16
WAFER KARAYA 3/4 X 2 BLANCHARD 10/PKG	8.95
WAFER KARAYA 7/8 X 2IN BLANCHARD 10/PKG	5.16
WAFER STOMA SURFIT 1 1/2IN 5/PKG	10.30
WAFER STOMA SURFIT 1 1/4IN 5/PKG 0226-05	9.97
WAFER STOMA SURFIT 1 3/4IN 5/PKG	9.97
WAFER STOMA SURFIT 2 1/4IN 5/PKG	9.97
WAFER STOMA SURFIT 2 3/4IN 5/PKG	9.97
WARFARIN SODIUM 10MG TAB (Coumadin)	0.17
WARFARIN SODIUM 10MG TAB U/D (Coumadin) ** INPATIENT USE ONLY	0.17
WARFARIN SODIUM 2.5MG TAB (Coumadin)	0.12
WARFARIN SODIUM 2.5MG TAB U/D (Coumadin) ** INPATIENT USE ONLY	0.13
WARFARIN SODIUM 2MG TAB (Coumadin)	0.03
WARFARIN SODIUM 2MG TAB U/D (Coumadin) ** INPATIENT USE ONLY	0.12
WARFARIN SODIUM 50MG INJ W DIL AMP (Coumadin)	5.71
WARFARIN SODIUM 5MG TAB (Coumadin)	0.04
WARFARIN SODIUM 5MG TAB U/D (Coumadin) ** INPATIENT USE ONLY	0.04
WARFARIN SODIUM 7.5MG TAB (Coumadin)	0.15
WARFARIN SODIUM 7.5MG TAB U/D (Coumadin) ** INPATIENT USE ONLY	0.16
WATER BACTERIOSTATIC FOR INJ 30ML MDV	0.56
WATER FOR INJ BOTTLE 250ML	4.46

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY GENERIC NAME

GENERIC NAME (TRADE NAME)	DISPENSE UNIT PRICE
WATER FOR INJ BOTTLE 500ML	
WATER FOR INJ VIAL 100ML	1.00
WATER FOR INJ VIAL 10ML	1.19
WATER FOR IRRIG. 2000ML BT	0.27
WATER FOR IRRIG. 500ML BTL.	2.18
WATER FOR IRRIGATION 1000ML BTL.	1.29
WATER FOR IRRIGATION 1500ML BTL	0.80
WATER STERILE FOR INHALATION 5ML	2.32
ZIDOVUDINE 100MG CAPSULE (Retrovir) ** RESTRICTED TO INFECTIOUS DISEASE (FR-13	0.11 1.50
ZINC OXIDE 25% PASTE 30GM TUBE	
ZINC OXIDE 25% PASTE 450GM JAR	1.90
ZINC OXIDE OINT 28GM/TUBE	11.22
ZINC OXIDE OINT 454GM/JAR	0.60
ZINC SUL 0.25%/PHENYLEPH 0.12% OPTH 15ML (Zincfrin) ** (FR-4) NO REFILLS	3.96 1.55
ZINC SULFATE 220MG CAP	
ZINC SULFATE 220MG CAP I/D ** INPATIENT USE ONLY	0.02 0.04

PART III

TRADE NAME PRODUCT LISTING

1988 EDITION

Achromycin (TETRACYCLINE)

Achromycin (TETRACYCLINE HCL)

Achromycin (TETRACYCLINE SUSP)

Actifed (TRIPROLIDINE/ PSEUDOEPHEDRINE TAB U/D)

Actifed (TRIPROLIDINE/PSEUDOEPHEDRINE TAB)

Activase (ALTEPLASE, RECOMBINANT INJ)

Adalat (NIFEDIPINE)

Adriamycin (DOXORUBICIN INJ.)

Adsorbonac (SODIUM CHLORIDE)

Ak Con (NAPHAZOLINE)

Ak Dilate (PHENYLEPHRINE OPHTH)

Ak Sulf (SULFACETAMIDE SOD)

Ak Thaine (PROPARACAINE)

Ak Trol (NEOMYCIN-POLYMYX-DEXAMETH)

Akineton (BIPERIDEN)

Akwa Tears (OCULAR LUBRICANT OINT)

Albamycin (NOVOBIOCIN)

Alcaine (PROPARACAINE)

Aldactone (SPIRONOLACTONE)

Aldomet (METHYLDOPA)

Aldomet (METHYLDOPA ORAL LIQUID)

Aldomet (METHYLDOPATE HCL)

Alkeran (MELPHALAN)

Alpha Chymar (CHYMOTRYPSIN)

Alucap (ALUMINUM HYDROXIDE)

Alupent (METAPROTERENOL)
Alupent (METAPROTERENOL AEROSOL)
Alupent (METAPROTERENOL SULF)
Americaine (BENZOCAINE)
Amicar (AMINOCAPROIC ACID)
Amikin (AMIKACIN SULFATE INJ)
Amipaque (METRIZAMIDE)
Amphojel (ALUMINUM HYDROX SUSP)
Ancef (CEFAZOLIN SOD)
Anectine (SUCCINYLCHOLINE CL)
Anspor (CEPHRADINE)
Antabuse (DISULFIRAM)
Antilirium (PHYSOSTIGMINE INJ.)
Antivert (MECLIZINE HCL)
Anusol H.C. (HEMORRHOIDAL SUPPOSITORIES/HYDROCORT)
Anusol Suppositories (HEMORRHOIDAL SUPPOSITORIES)
Apresoline (HYDRALAZINE HCL)
Aquamephyton (PHYTONADIONE INJ)
Aquaphor (HYDROPHILIC PETROLATUM)
Aquasol (VITAMIN A)
Aralen (CHLOROQUINE PHOSPHATE)
Aristocort (TRIAMCINOLONE)
Aristospan (TRIAMCINOLONE HEXACET)
Atarax (HYDROXYZINE HCL)
Ativan (LORAZEPAM)

Augmentin (AMOXICILLIN/CLAVULANATE)

Augmentin (AMOXICILLIN/CLAVULANATE)

Auralgan (BENZOCAIN)

Aveeno (OATMEAL COLLOIDAL POWDER)

Aventyl (NORTRIPTYLINE HCL)

Avitene (MICROFIBRILLAR COLLAGEN POWDER)

Azactam (AZTREONAM INJ)

Azmacort (TRIAMCINOLONE ACET ORAL INH ())

Azulfidine (SULFASALAZINE)

B.A.L. (DIMERCAPROL)

B.S.S. (BALANCED SALT SOLN OPHTH.)

Baciguent (BACITRACIN)

Bactrim (TRIMETHOPRIM/SULFA)

Balnetar (COAL TAR BATH OIL)

Banish (APP BANISH II.)

Baylocaine (LIDOCAINE)

Beclovent (BECLOMETHASONE DIPRO ORAL INH)

Beconase (BECLOMETHASONE DIPRO NASAL INH)

Benadryl (DIPHENHYDRAMINE HCL)

Benemid (PROBENECID)

Betadine (POVIDONE/IODINE)

Betasine (POVIDONE/IODINE SCRUB)

Betagan (LEVOBUNOLOL)

Betoptic (BETAXOLOL)

Bicillin L-A (PENICILLIN G BENZ.)

Bicitra (SOD CITRATE/CITRIC ACID)
Blenoxane (BLEOMYCIN INJ.)
Bleph 10 (SULFACETAMIDE SOD)
Blephamide (SULFACETAMIDE-PREDNISOLONE OPH SUSP)
Blocadren (TIMOLOL MALEATE)
Brethine (TERBUTALINE)
Bretylol (BRETYLIUM TOSYLATE)
Brevibloc (ESMOLOL HCL IN*)
Brevital (METHOHEXITAL)
Bricanyl (TERBUTALINE)
Bronkosol (ISOETHARINE SOL.)
Bumex (BUMETANIDE INJ)
Buspar (BUSPIRONE)
Cafergot (ERGOTAMINE TARTRATE)
Calan (VERAPAMIL HCL)
Calan S.R. (VERAPAMIL HCL)
Capoten (CAPTOPRIL)
Carafate (SUCRALFATE)
Carbocaine (MEPIVACAINE)
Cardizem (DILTIAZEM HCL)
Carmol (UREA)
Catapres (CLONIDINE HCL)
Catapres TTS-1 (CLONIDINE TRANSDERMAL PATCH)
Catapres TTS-2 (CLONIDINE TRANSDERMAL PATCH)
Catapres TTS-3 (CLONIDINE TRANSDERMAL PATCH)

Cee Nu (LOMUSTINE)

Cefadyl (CEPHAPIRIN)

Cefotan (CEFOTETAN INJ)

Cepacol (CETYLPYRIDINIUM CL)

Cephulac (LACTULOSE SYR.)

Cerose D.M. (DIABETIC COUGH MIXT.)

Cerubidine (DAUNORUBICIN INJ.)

Chloraseptic Gargle (PHENOL-SODIUM PHENOLATE GARGLE)

Chloromycetin (CHLORAMPHENICOL)

Chlortrimeton (CHLORPHENIRAMINE MAL)

Cholografin (IODIPAMIDE MEGLUMINE)

Cipro (CIPROFLOXACIN HCL)

Cipro (CIPROFLOXACIN HCL)

Citrolith (LITHIUM CITRATE SYRUP)

Claforan (CEFOTAXIME SODIUM)

Cleocin (CLINDAMYCIN)

Cleocin T (CLINDAMYCIN SOLN)

Clinoril (SULINDAC)

Cogentin (BENZTROPINE INJ.)

Cogentin (BENZTROPINE MESYLATE)

Colace (DOCUSATE SODIUM)

Colyte (GOLYTELY)

Compazine (PROCHLORPERAZINE)

Conray (IOTHALAMATE MEGLUMINE)

Cordarone (AMIODARONE)

Cortef (HYDROCORTISONE)

Cortenema (HYDROCORTISONE ENEMA)

Cortisporin Opnth (NEOMYCIN-POLY-BACI-HC OPH OINT)

Cortisporin Opnth (NEOMYCIN-POLY-HC OPH SUSP)

Cortisporin Otic (NEOMYCIN-POLY-HC OTIC)

Cortrosyn (COSYNTROPIN INJ.)

Cosmegen (DACTINOMYCIN INJ.)

Coumadin (WARFARIN SODIUM)

Crotaline Antivenin (ANTIVENIN (SNAKE BITE))

Cuprimine (PENICILLAMINE)

Cyclogyl (CYCLOPENTOLATE)

Cystospaz (HYOSCYAMINE)

Cytomel (LIOTHYRONINE SOD)

Cytosar U (CYTARABINE)

Cytoxan (CYCLOPHOSPHAMIDE)

D.D.A.V.P. (DESMOPRESSIN ACET)

D.D.A.V.P. (DESMOPRESSIN ACET INJ)

D.T.I.C. (DACARBAZINE INJ.)

Danocrine (DANAZOL)

Dantrium (DANTROLENE SODIUM)

Darvon N (PROPOXYPHENE NAP)

Darvon N (PROPOXYPHENE NAPSYLATE)

Darvon N (PROPOXYPHENE NAPSYLATE)

Debrox Otic (CARBAMIDE PEROX OTIC SOLN)

Decadron (DEXAMETHASONE)

Decadron (DEXAMETHASONE INJ)

Decadron (DEXAMETHASONE OPHTH OINT)

Decadron (DEXAMETHASONE ORAL CONC)

Decadurabolin (NANDROLONE DECANOATE)

Delatestryl (TESTOSTERONE ENANTHATE)

Deltalin (ERGOCALCIFEROL)

Deltasone (PREDNISONE)

Demerol (MEPERIDINE)

Depakote (DIVALPROEX SODIUM)

Depo Medrol (METHYLPREDNISOLONE ACET)

Depo Testosterone (TESTOSTERONE CYP)

Desferal (DEFEROXAMINE)

Desquam X (BENZOYL PEROXIDE)

Desyrel (TRAZODONE HCL)

Dexedrine (DEXTROAMPHETAMINE SULFATE)

Dexone (DEXAMETHASONE)

Diabeta (GLYBURIDE)

Diabinese (CHLORPROPAMIDE)

Diamox (ACETAZOLAMIDE)

Diaparene (PERI-ANAL CREAM)

Didronel (ETIDRONATE DISODIUM)

Didronel (ETIDRONATE DISODIUM INJ)

Digibind (DIGOXIN IMMUNE FAB INJ)

Dilantin (PHENYTOIN)

Dilaudid (HYDROMORPHONE HCL)

Dimetapp (BROMPHEN/PPA EXTENTAB U/D)

Dimetapp (BROMPHEN/PPA EXTENTAB)

Disalcid (SALSALATE)

Ditropan (OXYBUTYNIN)

Diulo (METOLAZONE)

Dobutrex (DOBUTAMINE INJ.)

Dolophine (METHADONE)

Domeboro (ALUMINUM ACETATE TAB)

Domol (BATH OIL)

Donnatal (BELLADONNA/PHENOBARBITAL TAB)

Doprem (DOXAPRAM HCL)

Dulcolax (BISACODYL)

Duo Trach (LIDOCAINE)

Duofilm (SALICYLIC)

Durateare (OCULAR LUBRICANT OINT)

Dyazide (HCTZ/TRIAMTERENE)

Dynapen (DICLOXACILLIN)

Dyrenium (TRIAMTERENE)

E.E.S. (ERYTHROMYCIN ETHYLSUCC SUSP)

Econopred Plus (PREDNISOLONE ACET)

Ecotrin (ASPIRIN ENTERIC COATED)

Edecrin (ETHACRYNIC ACID)

Efudex (FLUOROURACIL)

Elavil (AMITRIPTYLINE HCL)

Eldoquin (HYDROQUINONE CREAM)

Eldoquin Forte (HYDROQUINONE FORTE CR)

Elspar (ASPARAGINASE INJ.)

Emete Con (BENZQUINAMIDE)

Endep (AMITRIPTYLINE HCL)

Enkaid (ENCAINIDE)

Enuclene (TYLOXAPOL/BENZ CHL OPHTH.)

Epinal (EPINEPHRINE BORATE OPHTH)

Epitrate (EPINEPHRINE BITARTRATE OPTH)

Eppy N (EPINEPHRINE BORATE OPHTH)

Epsom Salt (MAGNESIUM SULFATE CRYSTALS)

Esidrix (HYDROCHLOROTHIAZIDE)

Eskalith (LITHIUM CARBONATE)

Estar Gel (COAL TAR)

Ethiodol (ETHIODIZED OIL)

Ethrane (ENFLURANE INH.)

Eucerin (AQUA-AQUAPHOR CREAM)

F.M.L. (FLUOROMETHOLONE OPH SOLN)

Factrel (GONADORELIN)

Fansidar (PYRIMETHAMINE)

Fanta Orange (ORANGE SYRUP CONC.)

Feather Lite (POUCH, URINARY)

Feosol (FERROUS SULFATE)

Fiorinal (BUTALBITAL/CAFFEINE/ASA)

Flagyl (METRONIDAZOLE)

Fleet Enema (SODIUM PHOSPHATE ENEMA)

Florinef (FLUDROCORTISONE)
Fluorescite (FLUORESCEIN SODIUM)
Fluothane (HALOTHANE INH.)
Fluress (FLUORESCEIN BENOXINATE OPH)
Folvite (FOLIC ACID)
Forane (ISOFLURANE)
Fortaz (CEFTAZIDIME)
Freamine (AMINO ACID)
Fungizone (AMPHOTERICIN-B)
Gamimune (IMMUNE GLOBULIN IV)
Gamma Globulin (IMMUNE SERUM GLOBULIN)
Gammagee (HEPATITIS-B IMMUNE GLOBULIN)
Garamycin (GENTAMICIN INJ.)
Garamycin Ophth (GENTAMICIN SULF)
Gastrografin (DIATRIZOATE MEGLUMINE/SOD)
Gaviscon (ALUMINUM HYDR/MAG TRISILICATE CHEW TAB)
Gelfoam (ABSORBABLE GELATIN SIZE)
Gentian Violet (METHYLROSANILINE CHL SOLN)
Geocillin (CARBENICILLIN INDANYL)
Glucotrol (GLIPIZIDE)
Glutose (GLUCOSE ORAL)
Granulex (TRYPSIN SPRAY)
Granumed (TRYPSIN SPRAY)
Grifulvin (GRISEOFULVIN)
Grisactin (GRISEOFULVIN)

H-BIG (HEPATITIS-B IMMUNE GLOBULIN)
H.M.S. Liquifilm (MEDRYSONE OPH SOLN)
Halcion (TRIAZOLAM)
Haldol (HALOPERIDOL)
Haldol Decanoate (HALOPERIDOL DECANOATE)
Halog (HALCINONIDE)
Halotestin (FLUOXYMESTERONE)
Hespan (HETASTARCH)
Hexabrix (IOXAGLIC ACID MEG/SODIUM)
Hexadrol (DEXAMETHASONE)
Hexadrol (DEXAMETHASONE INJ)
Hurricaine (BENZOCAINE)
Hydrea (HYDROXYUREA)
Hydrodiuril (HYDROCHLOROTHIAZIDE)
Hypaque (DIATRIZOATE MEGLUMINE/SOD)
Hyper Tet (TETANUS IMMUNE GLOBULIN)
Hyperab (RABIES IMMUNE GLOBULIN)
Hyperhep (HEPATITIS-B IMMUNE GLOBULIN)
Hyperstat (DIAZOXIDE)
Hytrin (TERAZOSIN HCL)
Imferon (IRON DEXTRAN)
Imovax (RABIES VACCINE, HUMAN DIPLOID)
Imuran (AZATHIOPRINE)
Inapsine (DROPERIDOL INJ.)
Inderal (PROPRANOLOL HCL)

Indigo Carmine (INDIGOTINDISULFONATE SOD)
Indocin (INDOMETHACIN)
Inocor (AMRINONE LACTATE)
Insulatard Human (INSULIN HUMAN, U-)
Intal (CROMOLYN METERED DOSE SPRAY)
Intralipid (FAT EMULSION)
Intropin (DOPAMINE INJ.)
Iodoform (NU-GAUZE, IODOFORM)
Isoptin (VERAPAMIL HCL)
Isopto Carbachol (CARBACHOL)
Isopto Carpine (PILOCARPINE)
Isopto Eserine (PHYSOSTIGMINE)
Isopto Frin (PHENYLEPHRINE OPHTH)
Isopto Homatropine (HOMATROPINE OPHTH)
Isopto P-ES (PILOCAR/PHYSOSTIG)
Isordil (ISOSORBIDE DINITRATE)
Isuprel (ISOPROTERENOL)
Isuprel (ISOPROTERENOL HCL AEROSOL)
K Dur (POTASSIUM CHLORIDE)
K Lor (POTASSIUM CHLORIDE)
K Tab (POTASSIUM CHLORIDE)
K-Y Jelly (LUBRICANT SURGICAL)
Kaopectate (KAOLIN-PECTIN NUSP.)
Kayexalate (SODIUM POLYSTYRENE SULFON.)
Kefzol (CEFAZOLIN SOD)

Kenalog (TRIAMCINOLONE)

Kenalog 10 (TRIAMCINOLONE ACET)

Kenalog 40 (TRIAMCINOLONE ACET)

Kenalog Orabase (TRIAMCINOLONE DENTAL PASTE)

Keri Lotion (SKIN LOTION)

Ketalar (KETAMINE)

Klonopin (CLONAZEPAM)

Kwell (LINDANE)

Lacrilube (OCULAR LUBRICANT OINT)

Lactinex (LACTOBACILLUS ACID. TAB)

Lanoxicap (DIGOXIN)

Lanoxin (DIGOXIN)

Lasix (FUROSEMIDE)

Ledercillin (PENICILLIN VK)

Leukeran (CHLORAMBUCIL)

Levophed (LEVARTERENOL INJ.)

Librium (CHLORDIAZEPOXIDE HCL)

Librium (CHLORDIAZEPOXIDE HCL)

Lidex (FLUOCINONIDE)

Lidex E (FLUOCINONIDE-E CR)

Lioresal (BACLOFEN)

Lithobid (LITHIUM CARB.)

Lithonate (LITHIUM CARBONATE)

Lomotil (DIPHENOXYLATE)

Lopid (GEMFIBROZIL)

Lopressor (METOPROLOL TARTRATE)

Loreico (PROBUCOL)

Lotrisin (CLOTRIMAZOLE CREAM)

Lotrisin (CLOTRIMAZOLE SOLUTION)

Lotrisin (CLOTRIMAZOLE VAGINAL)

Loxitane (LOXAPINE)

Lubafax (LUBRICANT SURGICAL)

Lugols Solution (IODINE SOL.)

Luminal (PHENOBARBITAL)

M.S. Contin (MORPHINE SULF)

M.S. Contin (MORPHINE SULF.)

M.V.I. (MULTIVITAMIN INJ VIAL)

Macrodantin (NITROFURANTOIN)

Macrodex (DEXTRAN)

Mandelamine (METHENAMINE MANDELATE)

Marcaine (BUPIVACAINE)

Marcaine Spinal (BUPIVACAINE)

Matulane (PROCARBAZINE HCL)

Maxair (PIRBUTEROL ACET AEROSOL INH)

Maxitrol (NEOMYCIN-POLYMYX-DEXAMETH)

Mebaral (MEPHOBARBITAL)

Medinaler Iso (ISOPROTERENOL SULF AEROSOL)

Medrol (METHYLPREDNISOLONE)

Mefoxin (CEFOXITIN)

Megace (MEGESTROL ACETATE)

SEPULVEDA VAMC HOSPITAL FORMULARY
ALPHABETIC LIST BY TRADE NAME

Mellaril (THIORIDAZINE HCL)
Mephyton (PHYTONADIONE)
Mestinon (PYRIDOSTIGMINE BROMIDE)
Metamucil (PSYLLIUM HYDROPHILIC MUCIL)
Methergine (ERGONOVINE MALEATE)
Metopirone (METYRAPONE)
Mevacor (LOVASTATIN)
Mexitil (MEXILETINE HCL)
Micatin (MICONAZOLE CREAM)
Micronase (GLYBURIDE)
Midamor (AMILORIDE)
Minipress (PRAZOSIN)
Miochol (ACETYLCHOLINE CHLORIDE)
Mithracin (PLICAMYCIN)
Monistat Derm (MICONAZOLE CREAM)
Monocid (CEFONICID INJ)
Motrin (IBUPROFEN)
Mucomyst (ACETYLCYSTEINE SOL.)
Muri Lube (MINERAL OIL LIGHT INJ)
Mustargen (MECHLORETHAMINE HCL)
Mutamycin (MITOMYCIN)
Myambutol (ETHAMBUTOL HCL)
Mycelex (CLOTRIMAZOLE)
Mycelex (CLOTRIMAZOLE CREAM)
Mycelex (CLOTRIMAZOLE SOLUTION)

Mycelex (CLOTRIMAZOLE VAGINAL)
Myciradin (NEOMYCIN SULFATE)
Mycitracin (NEOMYCIN/POLYMYX/BACI)
Mycostatin (NYSTATIN)
Mycostatin (NYSTATIN ORAL SUSP)
Mydfrin (PHENYLEPHRINE OPHTH)
Mydriacyl (TROPICAMIDE OPHTH)
Mylanta (ALUMINUM/MAGNESIUM GEL)
Myleran (BUSULFAN)
Mylicon (SIMETHICONE)
Myochrysine (GOLD SODIUM THIOMALATE)
Mysoline (PRIMIDONE)
Naprosyn (NAPROXEN)
Narcan (NALOXONE HCL)
Nardil (PHENELZINE SULF)
Navane (THIOTHIXENE)
Nebcin (TOBRAMYCIN POWDER)
Nembutal (PENTOBARBITAL)
Neo Decadron (NEOMYCIN-DEXAMETH)
Neo Synalar (FLUOCINOLONE/NEOMYCIN)
Neo Synephrine (PHENYLEPHRINE)
Neo Synephrine (PHENYLEPHRINE INJ)
Neo Synephrine (PHENYLEPHRINE OPHTH)
Neolois (CASTOR OIL EMULSION)
Neosporin (NEOMYCIN/POLYMYX/BACI)

Neosporin G-U (NEOMYCIN/POLYMYXIN GU IRRIGANT AMP)
Neosporin Ophth (NEOMYCIN-POLY-BACI)
Neosporin Ophth (NEOMYCIN-POLY-GRAMICIDIN OPH SOLN)
Nephrovite (VIT. B COMPLEX WITH C CAP)
Nephrovite (VIT. B COMPLEX WITH C CAP U/D)
Niacin (NICOTINIC ACID)
Nico 400 (NICOTINIC ACID)
Nilodor (NU-ODOR CONC.)
Nipride (NITROPRUSSIDE SODIUM)
Nitro Disc (NITROGLYCERIN PATCH)
Nitrol (NITROGLYCERIN OINT)
Nitrolingual (NITROGLYCERIN AEROSOL)
Nitrostat (NITROGLYCERIN)
Nizoral (KETOCONAZOLE)
Noctec (CHLORAL HYDRATE)
Nolvadex (TAMOXIFEN)
Nolvadex (TAMOXIFEN CITRATE)
Norcuron (VECURONIUM BROMIDE)
Norgesic Forte (ORPHENADRINE/ASA/CAFFEINE TAB U/D)
Norgesic Forte (ORPHENADRINE/ASA/CAFFEINE TAB)
Normodyne (LABETALOL HCL INJ)
Noroxin (NORFLOXACIN)
Norpace (DISOPYRAMIDE PHOSPHATE)
Norpramin (DESIPRAMINE HCL)
Novantrone (MITOXANTRONE INJ)

Novocain (PROCAINE)
Nubain (NALBUPHINE INJ.)
Nupercainal (DIBUCAINE)
Omipaque 180 (IOHEXOL ())
Omipaque 240 (IOHEXOL ())
Omipaque 350 (IOHEXOL ())
Oncovin (VINCRISTINE SULF)
Op Site (DRESSING OP-SITE)
Ophthaine (PROPARACAINE)
Oragrafin (IPODATE CALCIUM)
Orasone (PREDNISONE)
Oscal (CALCIUM CARB/VIT.D)
Osmoglyn (GLYCERIN SOLN)
P&S Lotion (PHENOL-SALINE LOTION)
Pamelor (NORTRIPTYLINE HCL)
Pancrease (PANCRELIPASE CAPSULE (PANCREASE))
Pancrease (PANCRELIPASE CAPSULE U/D (PANCREASE))
Paregoric (CAMPHORATED OPIUM TINTURE)
Parlodel (BROMOCRIPTINE MESYLATE)
Parnate (TRANYLCYPROMINE SULF)
Pavulon (PANCURONIUM)
Peganone (ETHOTOIN)
Pentam (PENTAMIDINE ISETHIONATE INJ)
Pentothal (THIOPENTAL)
Peptavlon (PENTAGASTRIN)

Perdiem (PSYLLIUM HYDROPHIL-SENNA CONC)
Periactin (CYPROHEPTADINE HCL)
Peridex (CHLORHEXIDINE ORAL RINSE SOLN)
Periwash (CLEANER PERIWASH)
Peritil (FLUPHENAZINE HCL)
Persantine (DIPYRIDAMOLE)
Pertofrane (DESIPRAMINE HCL)
Pharmadyne (POVIDONE/IODINE)
Phenergan (PROMETHAZINE)
Phisohex (HEXACHLOROPHENE)
Phospholine Iodide (ECHOTHIOPHATE IODIDE)
Pilocar (PILOCARPINE)
Pitocin (OXYTOCIN)
Pitressin (VASOPRESSIN)
Pitressin Oil (VASOPRESSIN TANNATE)
Plaquenil (HYDROXYCHLOROQUINE SULF)
Plasmanate (PLASMA PROT FRACT, HUMAN)
Platinol (CISPLATIN)
Pneumovax (PNEUMOCOCCAL VACCINE POLYVAL.)
Pnu Immune (PNEUMOCOCCAL VACCINE POLYVAL.)
Polysporin Ophth (POLYMYXIN-BACITRACIN OPH OINT)
Pontocaine (TETRACAINE)
Potaba (POTASSIUM P-AMINOBENZOATE)
Pred Forte (PREDNISOLONE ACET)
Pred Mild (PREDNISOLONE ACET)

Premarin (ESTROGENS)
Premarin (ESTROGENS, CONJ.)
Prepodyne (POLOXAMER IODINE)
Primaxin (IMIPENEM/CILASTATIN SODIUM)
Prinivil (LISINOPRIL)
Probanthine (PROPANTHELINE BROMIDE)
Procan S.R. (PROCAINAMIDE HCL)
Procardia (NIFEDIPINE)
Proctocort (HYDROCORTISONE CR)
Prolixin (FLUPHENAZINE HCL)
Prolixin Decanoate (FLUPHENAZINE DEC INJ.)
Pronestyl (PROCAINAMIDE HCL)
Propine (DIPIVEFRIN HCL)
Prostigmin (NEOSTIGMINE INJ.)
Proventil (ALBUTEROL INHALER)
Provera (MEDROXYPROGESTERONE)
Prozac (FLUOXETINE HCL)
Pyridium (PHENAZOPYRIDINE HCL)
Questran (CHOLESTYRAMINE POWDER)
Quinaglute (QUINIDINE GLUCONATE)
Raused (RESERPINE)
Recombivax (HEPATITIS B VACCINE)
Regitine (PHENTOLAMINE MES.)
Reglan (METOCLOPRAMIDE HCL)
Reglan (METOCLOPRAMIDE ORAL LIQUID)

Regonol (PYRIDOSTIGMINE INJ.)
Renacidin (CITR. ACID/GLUCONOLACT.)
Rene M-60 (DIATRIZOATE MEGLUMINE)
Renografin 60 (DIATRIZOATE MEGLUMINE/SOD)
Renografin 76 (DIATRIZOATE MEGLUMINE/SOD)
Retin A (TRETINOIN)
Retrovir (IDOVUDINE)
Rheomacrodex (DEXTRAN)
Ridaura (AURANOFIN)
Rifadin (RIFAMPIN)
Ritalin (METHYLPHENIDATE HCL)
Robinul (GLYCOPYRROLATE INJ)
Robitussin (GUAIFENESIN SYR.)
Robitussin Dm (GUAIFENESIN DM SYRUP)
Rocaltrol (CALCITRIOL)
Rocephin (CEFTRIAXONE INJ)
Sansert (METHYSERGIDE MALEATE)
Sebulex Shampoo (SULFUR/SALICYLIC ACID SOLUTION)
Selsun (SELENIUM SULFIDE SOLN)
Senokot (SENNA CONCENTRATE)
Sensorcaine (BUPIVACAINE)
Septodyne (POLOXAMER IODINE)
Septra (TRIMETHOPRIM/SULFA)
Serax (OXAZEPAM)
Serentil (MESORIDAZINE BES. SOL)

Serentil (MESORIDAZINE BESYLATE)
Serpasil (RESERPINE)
Silvadene (SILVER SULFADIAZINE CR)
Sinemet (CARBIDOPA/LEVODOPA)
Sinequan (DOXEPIN HCL)
Solbar Plus (PADIMATE-O/DIOXYBENZONE)
Solganol (AUROTHIOGLUCOSE)
Solu Cortef (HYDROCORTISONE INJ)
Solu Medrol (METHYLPREDNISOLONE)
Sorbitrate (ISOSORBIDE DINITRATE)
Sotradecol (SODIUM TETRADECYL)
Soyacal (FAT EMULSION)
Sparine (PROMAZINE HCL)
Spherulin (COCCIDIOIDIN SKIN TEST)
Stelazine (TRIFLUOPERAZINE)
Stimate (DESMOPRESSIN ACET INJ)
Streptase (STREPTOKINASE)
Sublimaze (FENTANYL INJ.)
Subya Solution (UROLOGICAL SOLUTION)
Sudafed (PSEUDOEPHEDRINE)
Sulamyd (SULFACETAMIDE SOD)
Surfak (DOCUSATE CALCIUM)
Surgifix (BANDAGE, BURN NET, SIZE)
Surgilube (LUBRICATING JELLY)
Surital (THIAMYLAL)

Symmetrel (AMANTADINE HCL)
Synkavite (MENADIOL SOD DIPHO)
Synthroid (LEVOTHYROXINE)
Tagamet (CIMETIDINE)
Tambocor (FLECAINIDE)
Tears Plus (ARTIFICIAL TEARS OPHTH SOLN)
Tegaderm (DRESSING TRANSDERM)
Tegretol (CARBAMAZEPINE)
Temaril (TRIMEPRAZINE TARTRATE)
Tenormin (ATENOLOL)
Tensilon (EDROPHONIUM)
Tessalon (BENZONATATE)
Texacort (HYDROCORTISONE LOTION)
Theo 24 (THEOPHYLLINE SR)
Theodur (THEOPHYLLINE SR)
Thiotepa (TRIETHYLENETHIOPHOSPHORAMIDE)
Thorazine (CHLORPROMAZINE)
Thypinone (PROTIRELIN)
Thytropar (THYROTROPIN)
Ticar (TICARCILLIN INJ.)
Timentin (TICARCILLIN/CLAVULANIC)
Timentin (TICARCILLIN/CLAVULANIC)
Timoptic (TIMOLOL)
Tin Ben (TINCTURE OF BENZOIN)
Tinco Ben (TINCTURE OF BENZOIN COMPOUND)

Tofranil (IMIPRAMINE HCL)
Tofranil P.M. (IMIPRAMINE PAMOATE)
Tolectin (TOLMETIN)
Tolectin D.S. (TOLMETIN)
Tolinase (TOLAZAMIDE)
Tonocard (TOCAINIDE)
Topicort (DESOXIMETASONE CR)
Torecan (THIETHYLPERAZINE MALEATE)
Tracrium (ATRACURIUM)
Trandate (LABETALOL HCL INJ)
Transderm Nitro (NITROGLYCERIN PATCH)
Tranxene (CLORAZEPATE DIPOTASSIUM)
Trental (PENTOXIFYLLINE)
Trexan (NALTREXONE)
Triaminic D.M. (PHENYLPROPANOLAMINE DM)
Triavyn B (VITAMIN B COMPLEX CAP)
Triavyn B (VITAMIN B COMPLEX CAP U/D)
Tridil (NITROGLYCERIN)
Trobacin (SPECTINOMYCIN INJ)
Trofan D.S. (L-TRYPTOPHAN)
Tropicacyl (TROPICAMIDE OPHTH)
Tru Tar (COAL TAR BATH OIL)
Tucks (HEMORRHOIDAL PADS)
Tylenol (ACETAMINOPHEN)
Tylenol (ACETAMINOPHEN ELIXIR)

Tylenol #3 (CODEINE W/ ACETAMINOPHEN)
Tylox (OXYCODONE/ACETAM)
Unasyn (AMPICILLIN/SULBACTAM)
Unasyn (AMPICILLIN/SULBACTAM)
Unipen (NAFCILLIN)
Unna Boot (ZINC-PASTE)
Urecholine (BETHANECHOL CHLORIDE)
Valium (DIAZEPAM)
Vancenase (BECLOMETHASONE DIPRO NASAL INH)
Vanceril (BECLOMETHASONE DIPRO ORAL INH)
Vancocin (VANCOMYCIN INJ.)
Vaseline (PETROLATUM OINTMENT)
Vasocon (NAPHAZOLINE)
Vasocon A (NAPHAZOL/ANTAZOL)
Vasoxyl (METHOXAMINE)
Velban (VINBLASTINE)
Velosef (CEPHRADINE)
Velosulin Human (INSULIN HUMAN, U-)
Ventolin (ALBUTEROL INHALER)
Vepesid (ETOPOSIDE)
Vepesid (ETOPOSIDE INJ.)
Versed (MIDAZOLAM)
Vi Penta (MULTIVITAMIN ORAL SOLUTION)
Vibramycin (DOXYCYCLINE)
Vibramycin (DOXYCYCLINE HYCLATE INJ)

Vioform H.C. (IODOCHLORHYDROXYQUIN/HC)
Viokase (PANCRELIPASE SINGLE STR TAB U/D)
Viokase (PANCRELIPASE SINGLE STR TAB(VIOKASE))
Vira A (VIDARABINE)
Viroptic (TRIFLURIDINE)
Vistaril (HYDROXYZINE PAMOATE)
Vivactil (PROTRIPTYLINE HCL)
Vosol H.C. (ACETIC ACID)
Wellcovorin (LEUCOVORIN CA)
Whitfields Ointment (BENZOIC/SALICYLATE OINT)
Wycaine (MEPHENTERMINE INJ.)
Wycillin (PENICILLIN G PROCAINE)
Wydase (HYALURONIDASE INJ.)
Xanax (ALPRAZOLAM)
Xeroform (PETROLATUM GAUZE)
Xylocaine (LIDOCAINE)
Xylocaine (LIDOCAINE HCL)
Xylocaine Epinephrine (LIDOCAINE HCL)
Xylocaine Viscous (LIDOCAINE)
Zantac (RANITIDINE)
Zaroxolyn (METOLAZONE)
Zestril (LISINOPRIL)
Zetar (COAL TAR COLLOIDAL EMULSION)
Zetar (COAL TAR COLLOIDAL SHAMPOO)
Zincfrin (ZINC SUL)

Zolyse (CHYMOTRYPSIN)

Zovirax (ACYCLOVIR)

Zyloprim (ALLOPURINOL)